



MICHIGAN MEDICINE

JANUARY 1992
VOL. 91, NO.1

*Award-Winning
Journal of the
Michigan State
Medical Society*

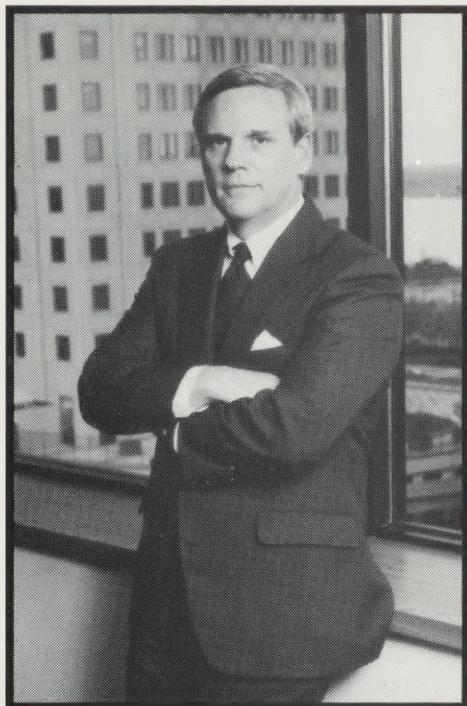
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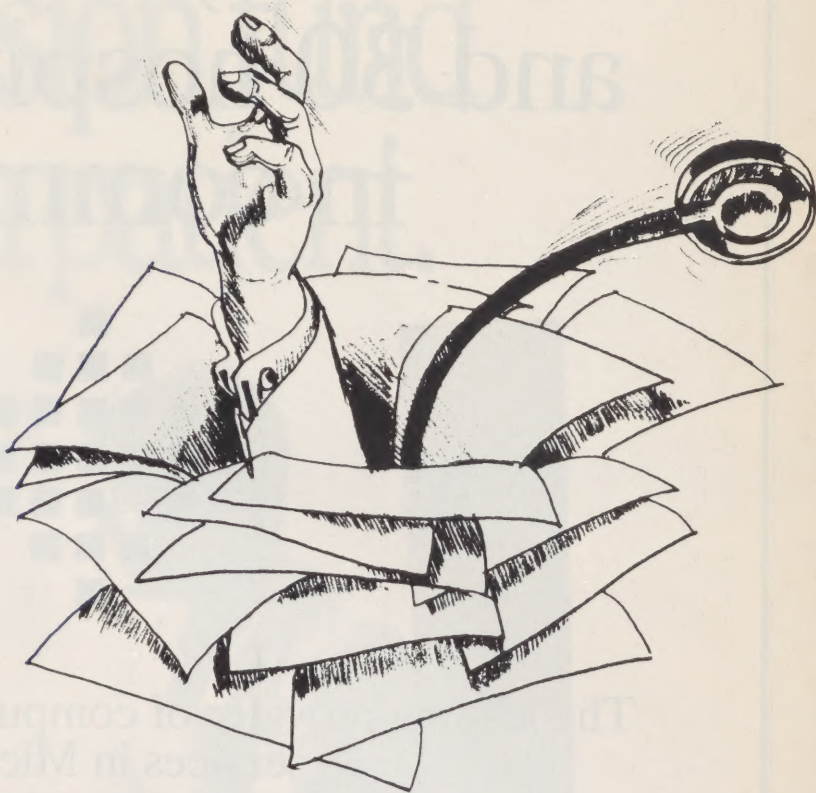
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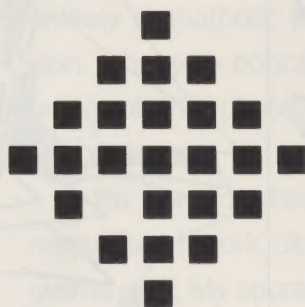
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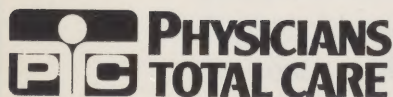
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MICHIGAN MEDICINE

JANUARY 1992 VOLUME 91, NO 1

Award-Winning Journal of the Michigan State Medical Society

SPECIAL ISSUE

This month's issue of Michigan Medicine serves as the official directory of MSMS members. Included in the directory are two listings — a complete alphabetical list of MSMS members and a list of MSMS members according to their component society memberships. Rounding out the directory is an MSMS reference guide. We hope you find this directory useful. Directory contents are highlighted below.



DIRECTORY CONTENTS

Alphabetical list of MSMS members

A complete alphabetical list of MSMS members begins on page 11. Following each name is a letter code which refers to a membership classification, a specialty code, and then the component society code number, which serves as a cross reference to help the user refer to the assigned component society.

List of MSMS members by county

Beginning on page 77 is a list of MSMS members according to their component society memberships. Component members appear in alphabetical order and with mailing addresses and telephone numbers (where provided) as of January 1992. The MSMS component society code number appears with the heading for each component society.

MSMS reference guide

Included in this section is a complete list of MSMS officers, staff, committees, brochures and publications available from MSMS, names of county society executives and MSMS staff contacts for each

county, an MSMS organizational chart and a list of whom to call at MSMS. Also included are listings of county medical societies, Michigan specialty societies and state agencies. The reference guide begins on page 261.

DEPARTMENTS

288 CLASSIFIEDS

295 ADVERTISING INDEX

In next month's issue:

Medicine in the U.P.

Cover Illustration: By Robert L. Brent



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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranted by MSMS.

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Michigan State Medical Society 1992 MEMBERSHIP DIRECTORY

This MSMS membership directory provides two different listings. Beginning on page 11 is a complete alphabetical list of MSMS members. Each name is followed by a letter code which refers to a membership classification, a specialty code, and then the county society code number, which serves as a cross reference to help the user refer to the assigned county society.

Beginning on page 77 is a list of MSMS members according to their county society memberships. County

society members appear in alphabetical order and with mailing addresses and telephone numbers (where provided) as of January 1992. The MSMS county society code number appears with the heading for each county society.

A reference guide to MSMS officers, staff and important addresses and telephone numbers appears in the back of this directory. The guides below explain the membership classifications and county society codes. Specialty codes are explained on page 11.

MEMBERSHIP CLASSIFICATION CODES

Active	A, V, W	Life	L	In Military Service	B
Active – Dues-exempt	X, Z	Residents, Interns, Fellows	U	Student	N, S
Affiliate member	F	Retired	R	Past Presidents	P
Honorary member	H				

COUNTY CODE	PAGE	COUNTY CODE	PAGE	COUNTY CODE	PAGE
Alcona (014)	55	Houghton (082)	72	Muskegon (162)	109
Alger (134)	103	Huron (086)	73	Newaygo (166)	111
Allegan (010)	55	Ingham (090)	73	North Central (Crawford,	
Alpena (014)	55	Ionia (094)	79	Gladwin, Kalkaska, Montmorency,	
Antrim (170)	111	Iosco (095)	79	Ogemaw, Oscoda, Otsego,	
Arenac (095)	79	Iron (054)	63	Roscommon) (150)	106
Baraga (082)	72	Isabella (096)	79	Northern Michigan	
Barry (018)	56	Jackson (098)	80	(Antrim, Charlevoix, Cheboygan,	
Bay (022)	56	Kalamazoo (102)	82	Emmet) (170)	111
Benzie (070)	70	Kalkaska (150)	106	Oakland (174)	113
Berrien (026)	57	Kent (106)	88	Oceana (178)	129
Branch (030)	59	Keweenaw (082)	72	Ogemaw (150)	106
Calhoun (034)	60	Lake (142)	105	Ontonagon (182)	129
Cass (038)	62	Lapeer (110)	97	Osceola (142)	105
Charlevoix (170)	111	Leelanau (070)	70	Oscoda (150)	106
Cheboygan (170)	111	Lenawee (114)	97	Otsego (150)	106
Chippewa (042)	62	Livingston (118)	98	Ottawa (186)	129
Clare (096)	79	Luce (122)	99	Presque Isle (014)	55
Clinton (046)	62	Mackinac (042)	62	Roscommon (150)	106
Crawford (150)	106	Macomb (126)	99	Saginaw (190)	131
Delta (050)	63	Manistee (130)	103	St. Clair (194)	134
Dickinson (054)	63	Marquette (134)	103	St. Joseph (198)	136
Eaton (058)	63	Mason (138)	105	Sanilac (202)	136
Emmet (170)	111	Mecosta (142)	105	Schoolcraft (204)	137
Genesee (062)	64	Menominee (146)	106	Shiawassee (206)	137
Gladwin (150)	106	Midland (154)	106	Tuscola (210)	137
Gogebic (066)	70	Missaukee (226)	182	Van Buren (214)	137
Grand Traverse (070)	70	Monroe (158)	108	Washtenaw (218)	138
Gratiot (074)	72	Montcalm (094)	79	Wayne (222)	146
Hillsdale (078)	72	Montmorency (150)	106	Wexford (226)	182

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Guide to help locate cities within counties

This guide matches Michigan doctors' communities within their counties

A

Ada (Kent)
Addison (Lenawee)
Adrian (Lenawee)
Albion (Calhoun)
Algonac (St. Clair)
Allegan (Allegan)
Allendale (Ottawa)
Allen Park (Wayne)
Alma (Gratiot)
Almont (Lapeer)
Alpena (Alpena)
Ann Arbor (Washtenaw)
Ashley (Gratiot)
August (Kalamazoo)

B

Bad Axe (Huron)
Baldwin (Lake)
Bangor (Van Buren)
Baraga (Baraga)
Bark River (Delta)
Battle Creek (Calhoun)
Bay City (Bay)
Bear Lake (Manistee)
Belding (Ionia)
Bellaire (Antrim)
Belleville (Wayne)
Benton Harbor (Berrien)
Berkley (Oakland)
Berrien Center (Berrien)
Berrien Springs (Berrien)
Bessemer (Gogebic)
Beulah (Benzie)
Big Rapids (Mecosta)
Birch Run (Saginaw)
Birmingham (Oakland)
Blanchard (Isabella)
Blissfield (Lenawee)
Bloomfield Hills (Oakland)
Bloomington (Van Buren)
Boyne City (Charlevoix)
Branch (Mason)
Breckenridge (Gratiot)
Bridgeport (Saginaw)
Bridgman (Berrien)
Brighton (Livingston)
Bronson (Branch)
Brooklyn (Jackson)
Brown City (Sanilac)
Buchanan (Berrien)
Byron Center (Kent)

C

Cadillac (Wexford)
Caledonia (Kent)
Calumet (Houghton)

Camden (Hillsdale)
Capac (St. Clair)
Carleton (Monroe)
Caro (Tuscola)
Caseville (Huron)
Cass City (Tuscola)
Cassopolis (Cass)
Cedar Springs (Kent)
Centre Line (Macomb)
Centreville (St. Joseph)
Champion (Marquette)
Charlevoix (Charlevoix)
Charlotte (Eaton)
Chassell (Houghton)
Cheboygan (Cheboygan)
Chelsea (Washtenaw)
Chesaning (Saginaw)
Clare (Clare)
Clarkston (Oakland)
Clawson (Oakland)
Clinton (Lenawee)
Clio (Genesee)
Coldwater (Branch)
Coleman (Midland)
Coloma (Berrien)
Colon (St. Joseph)
Columbiaville (Lapeer)
Comstock Park (Kent)
Concord (Jackson)
Constantine (St. Joseph)
Coopersville (Ottawa)
Corunna (Shiawassee)
Croswell (Sanilac)
Crystal Falls (Iron)
Custer (Mason)

D

Daggett (Menominee)
Davison (Genesee)
Dearborn (Wayne)
Dearborn Heights (Wayne)
Decatur (Van Buren)
Deckerville (Sanilac)
Deerfield (Lenawee)
Delton (Barry)
Detroit (Wayne)
DeWitt (Clinton)
Dexter (Washtenaw)
Douglas (Allegan)
Dowagiac (Cass)
Drayton Plains (Oakland)
Drummond Island
(Chippewa)
Dundee (Monroe)
Durand (Shiawassee)

E

Eagle Harbor (Keweenaw)
East Detroit (Macomb)

East Jordan (Charlevoix)
East Lansing (Ingham)
East Tawas (Iosco)
Eaton Rapids (Eaton)
Ecorse (Wayne)
Edmore (Montcalm)
Edwardsburg (Cass)
Elk Rapids (Antrim)
Elkton (Huron)
Eloise (Wayne)
Elsie (Clinton)
Engadine (Mackinac)
Escanaba (Delta)
Essexville (Bay)
Evart (Osceola)

F

Fairgrove (Tuscola)
Farmington (Oakland)
Farwell (Clare)
Fennville (Allegan)
Fenton (Genesee)
Fenwick (Montcalm)
Ferndale (Oakland)
Flat Rock (Wayne)
Flint (Genesee)
Fowlerville (Livingston)
Frandon (Ingham)
Frankenmuth (Saginaw)
Franklin (Oakland)
Fraser (Macomb)
Freeland (Saginaw)
Fremont (Newaygo)

G

Galesburg (Kalamazoo)
Garden City (Wayne)
Gaylord (Otsego)
Gladstone (Delta)
Gladwin (Gladwin)
Glen Arbor (Leelanau)
Gobles (Van Buren)
Goodrich (Genesee)
Grand Beach (Berrien)
Grand Blanc (Genesee)
Grand Haven (Ottawa)
Grand Ledge (Eaton)
Grand Marais (Alger)
Grand Rapids (Kent)
Grandville (Kent)
Grant (Newaygo)
Grayling (Crawford)
Greenville (Montcalm)
Grosse Ile (Wayne)
Grosse Pointe Farms
(Wayne)
Grosse Pointe Shores
(Wayne)
Grosse Pointe Woods

(Wayne)

Gwinn (Marquette)

H

Hamburg (Livingston)
Hamilton (Allegan)
Hamtramck (Wayne)
Hancock (Houghton)
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Harbor Beach (Huron)
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Horton (Jackson)
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Howell (Livingston)
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Hudsonville (Ottawa)
Huntington Woods
(Oakland)

I

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Inkster (Wayne)
Ionia (Ionia)
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Iron River (Iron)
Ironwood (Gogebic)
Ishpeming (Marquette)
Ithaca (Gratiot)

J

Jackson (Jackson)
Jamestown (Ottawa)
Jonesville (Hillsdale)

K

Kalamazoo (Kalamazoo)
Kalkaska (Kalkaska)
Keego Harbor (Oakland)

Kent City (Kent)
Kinde (Huron)
Kingsford (Dickson)

L

Lake City (Missaukee)
Lakeland (Livingston)
Lake Odessa (Ionia)
Lake Orion (Oakland)
Lakeview (Montcalm)
Lambertville (Monroe)
L'Anse (Baraga)
Lansing (Ingham)
Lapeer (Lapeer)
La Salle (Monroe)
Lathrup Village (Oakland)
Laurium (Houghton)
Lawrence (Van Buren)
Lawton (Van Buren)
Leonidas (St. Joseph)
Leslie (Ingham)
Lincoln Park (Wayne)
Lowell (Kent)
Ludington (Mason)
Luther (Lake)
Luzerne (Oscoda)

M

Mackinac Island
(Mackinac)
Madison Heights (Oakland)
Manchester (Washtenaw)
Manistee (Manistee)
Manistique (Schoolcraft)
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Milan (Washtenaw)
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Millington (Tuscola)
Mio (Oscoda)
Monroe (Monroe)
Montague (Muskegon)
Montrose (Genesee)
Morenci (Lenawee)
Mount Clemens (Macomb)
Mount Morris (Genesee)

Mount Pleasant (Isabella)
Muir (Ionia)
Mullet Lake (Cheboygan)
Munising (Alger)
Muskegon (Muskegon)
Muskegon Heights
(Muskegon)

N

Nashville (Barry)
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New Baltimore (Macomb)
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Oak Park (Oakland)
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Onsted (Lenawee)
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R

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Vulcan (Dickinson)

W

Wakefield (Gogebic)
Walkerville (Oceana)
Walled Lake (Oakland)
Warren (Macomb)
Waterford (Oakland)
Watervliet (Berrien)
Wayland (Allegan)
Wayne (Wayne)
Weidman (Isabella)
Wellston (Manistee)
West Branch (Ogemaw)
Westland (Wayne)
Westphalia (Clinton)
White Cloud (Newaygo)
Whitehall (Muskegon)
White Pigeon (St. Joseph)
White Pine (Ontonagon)
Whitmore Lake
(Washtenaw)
Williamston (Ingham)
Wixom (Oakland)
Woodhaven (Wayne)
Wurtsmith AFB (Oscoda)
Wyandotte (Wayne)
Wyoming (Kent)

Y

Yale (St. Clair)
Ypsilanti (Washtenaw)

Z

Zeeland (Ottawa)

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Specialty codes	HEM	Hematology	PA	Clinical Pharmacology
A Allergy	HNS Head & Neck Surgery		PD Pediatrics	
ABS Abdominal Surgery	HS Hand Surgery		PDA Pediatric Allergy	
ADL Adolescent Medicine	HYP Hypnosis		PDC Pediatric Cardiology	
AI Allergy & Immunology	ID Infectious Diseases		PDE Pediatric Endocrinology	
AM Aerospace Medicine	IG Immunology		PDR Pediatric Radiology	
AN Anesthesiology	IM Internal Medicine		PDS Pediatric Surgery	
BE Broncho-Esophagology	LAR Laryngology		PH Public Health	
BLB Bloodbanking	LM Legal Medicine		PHO Pediatric Hematology-Oncology	
CD Cardiovascular Diseases	MFS Maxillofacial Surgery		PM Physical Medicine & Rehabilitation	
CDS Cardiovascular Surgery	N Neurology		PNP Pediatric Nephrology	
CHN Child Neurology	NA Neuropathology		PS Plastic Surgery	
CHP Child Psychiatry	ND Neoplastic Diseases		PSF Facial Plastic Surgery	
CLP Clinical Pathology	NEP Nephrology		PTH Pathology	
CRS Colon & Rectal Surgery	NM Nuclear Medicine		PUD Pulmonary Diseases	
D Dermatology	NPM Neonatal-Perinatal Medicine		PYA Psychoanalysis	
DIA Diabetes	NR Nuclear Radiology		PYM Psychosomatic Medicine	
DMP Dermatopathology	NS Neurological Surgery		R Radiology	
DR Diagnostic Radiology	NTR Nutrition		RHI Rhinology	
EM Emergency Medicine	OBG Obstetrics & Gynecology		RHU Rheumatology	
END Endocrinology	OBS Obstetrics		RIP Radioisotopic Radiology	
FOP Forensic Pathology	OM Occupational Medicine		TR Therapeutic Radiology	
FP Family Practice	ON Oncology		TRS Traumatic Surgery	
GE Gastroenterology	OPH Ophthalmology		TS Thoracic Surgery	
GER Geriatrics	ORS Orthopedic Surgery		U Urological Surgery	
GP General Practice	OS Other Specialty		VS Vascular Surgery	
GPM General Preventive Medicine	OT Otolaryngology		Note: No code will appear for those physicians who have not designated a specialty.	
GS General Surgery	OTO Otorhinolaryngology			
GYN Gynecology	P Psychiatry			

A

*Adnan G. Abbasi, MD	P	174	*Anthony A. Adeleye, MD	U	222	James J. Aiuto, MD	IM	222
*Ali A. Abbasi, MD	GS	174	*Brian D. Adelman, MD	OBG	174	*Michael D. Aja, MD	TR	070
*R. Roderic Abbott, MD	END	174	*Bruce T. Adelman, MD	AN	090	Edward P. Ajemian, MD	U	102
*Mushtak Abbou, MD	IM	062	*Marc H. Adelman, DO	OBG	174	*Nancy A. Ajemian, MD	FP	222
*Martin M. Abbrecht, MD	OBG	222	*Scott H. Adelman, MD	CD	090	*Gurjit S. Ajmal, MD	AN	222
*Tama D. Abel, MD	FP	218	*Susan E. Adelman, MD	GS	222	*Mohamed K. Ajjour, MD	IM	222
*Eduardo C. Abellana, MD	AN	222	*Irwin P. Adelson, MD	P	174	*Elizabeth A. Ajlouni, MDRO		218
Gerald J. Aben, MD	IM	222	*Seymour S. Adelson, MD	IM	174	Isa S. Ajlouni, MD	GP	222
*Gerald R. Aben, MD	DR	090	*Dorit D. Adler, MD	DR	218	*Roger M. Ajluni, MD	IM	222
*Reza Abghari, MD	D	174	*Edward W. Adler, MD	IM	174	*Victor C. Ajluni		222
*Victor A. Abirag, MD	FP	218	*Larry A. Adler, MD	GE	218	*Raana W. Akbar, MD	PD	190
*Elie D. Aboulafia, MD	AN	222	*Ram Advani, MD	PTH	106	*Syed S. Akbar, MD	IM	222
Joseph P. Abraham, MD	IM	222	*Leandro F. Africa, MD	TS	126	*Waheed Akbar, MD	ORS	190
*Thomas A. Abraham, MD	DR	090	*Asghar Afsari, MD	TS	126	*Jawaid Akhtar, MD	CRS	194
*Saliem M. Abrahams, MD	R	222	*Mehmet C. Agabigum, MD	OBG	174	*Syed S. Akhtar, MD	GS	190
*Lawrence D. Abramson, MD	IM	222	*Manoochehr K. Agah, MD	OTO	062	*Mohammed W. Al-Ameri, MD	PUD	174
*Samuel M. Abramson, MD	CD	222	*Deepak Agarwal, MD	PD	174	*Ziad Al-Amiri, MD	DR	190
*Ahmad Abu-Rashed, MD	HEM	222	*Renu F. Agarwal, MD	R	190	*M. Rida Al-Ansari, MD	U	222
*Yousif A. Abubakr, MD	IM	102	*Harvey G. Ager, MD	IM	190	*Mowafak S. Al-Asbahi, MD	GE	222
*Romulo T. Abueva, MD	IM	102	*Kirk J. Agerson, MD	P	74	*Imad Al-Azem, MD	GP	222
*Mostafa I. Abuzeid, MD	AN	102	*Inderjit Aggarwal, MD	FP	106	*Mohamed W. Al-Azem, MD	R	078
*Chaitanya N. Acharya, MD	IM	026	*Kewal K. Aggarwal, MD	IM	174	Samir Al-Hadidi, MD	GE	126
Siddhartha A. Acharya, MD	IM	026	*Satinder K. Aggarwal, MD	IM	222	Nabil Z. Al-Hourani, MD	IM	222
*Sabah P. Acho, MD	AN	174	*Verinder K. Aggarwal, MD	IM	222	*Mufid B. Al-Najjar, MD	P	174
*Glen N. Ackerman, MD	OBG	062	*Andrew M. Agosta, MD	OBG	190	*Muhsin M. Al-Rawi, MD	IM	174
James R. Acococks, MD	GS	086	*Atul C. Agrawal, MD	GS	086	*Silvio Aladjem, MD	OBG	102
*Brian A. Adamczyk, MD	GS	098	*Ram N. Agrawal, MD	GS	098	*Danish A. Alamy, MD	NPM	062
Gerald D. Adamian, MD	FP	098	*Antonio A. Aguirre, MD	FP	222	*Dirk H. Alexander, MD	ORS	106
Christine Adamick	OBG	154	*Soudabeh Ahadi, MD	OBG	158	*Hashim M. Alani, MD	PS	174
Charles L. Adams, MD	R	026	*Anwar Ahmad, MD	R	026	Emil J. Alban, MD	OBG	22
Ellis W. Adams, MD	IM	090	*Asir U. Ahmad, MD	IM	174	A. P. Albarran, MD	P	222
Frederick M. Adams, MD	PD	174	*Busharat Ahmad, MD	OPH	134	*Joe Alberding, MD	FP	102
*James B. Adams, MD	TS	162	*Faris Ahmad		222	George D. Albers, MD	OTO	106
*James L. Adams, MD	PD	098	*Fazal Ahmad, MD	IM	174	Millard J. Albers, MD	OBG	190
James R. Adams, MD	TS	162	*Iftiker K. Ahmad, MD	IM	090	*Robert P. Albers, MD	GS	186
*Robert P. Adams, MD	PD	174	*Khurshid Ahmad, MD	TS	22	Donald G. Albert, MD	IM	74
*Vincent B. Adams, MD	OBG	154	*Munawar Ahmad, MD	P	154	*William C. Albert, MD	OPH	174
*Carolyn J. Adamski	OBH	218	*Sohail I. Ahmad, MD	P	194	*Robert D. Albertson, III	IM	098
*Elizabeth H. Adamson, MD	GP	222	*Yasmeen A. Ahmad, MD	PD	222	Albert J. Albrecht, MD	U	222
*Adelto N. Adan, MD	FP	118	*Zaheer G. Ahmad, MD	IM	222	*Anthony L. Alcantara, MD	DR	222
*James R. Addison, MD	FP	222	Jalal U. Ahmed, MD	P	090	*Elsa Alcantara, MD	IM	222
*William G. Addison, MD	FP	222	*Mosharruf U. Ahmed, MD	IM	174	*Lucilo C. Alcantara, MD	GS	222
*John R. Addy, MD	OBG	090	*Sajida A. Ahmed, MD	OBG	096	*Cesar V. Alcidi, MD	AN	062
*Salah K. Adel, MD	OBG	222	Sylvia E. Ahronheim, MD	OS	098	Enas Aldabbagh		222
			*Donald J. Aiken, MD	FP	090	Leonard C. Aldrich, MD	GP	082
			*Steven A. Aiken, MD	FP	222	*Leslie B. Aldrich, MD	IM	218
			*Timothy B. Aiken, MD	OPH	194	Charles W. Aldridge, MD	OBG	106
			*James T. Aills, MD	P	062	*Arden G. Alexander, MD	IM	162
			*Robert P. Ainsworth, MD	R	190	Cornelius A. Alexander, MD	GS	102

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Alexander

*Don K. Alexander, MD	CD	218
*Gaylord D. Alexander, MD	AN	222
*Jeffrey A. Alexander, MD	GE	170
*Jody L. Alexander, MD	OBG	218
Le Roi J. Alexander, MD	GP	062
Leonard C. Alexander, MD	IM	222
*Thomas J. Alexander, MD	GE	174
*Anastasios Alexiou, MD	N	218
Barry H. Alford, MD	GP	218
*Stanley Alfred, MD	D	062
George D. Alger, MD	OM	102
*Abd A. Alghanem, MD	GS	062
*Patrick C. Alguire, MD	IM	090
*Thomas F. Alguire, MD	IM	186
*Taufieq Alhadi, DO	AN	222
*Max M. Ali, MD	GS	222
*S. Akram Ali, MD	GS	194
*Shafqat Ali, MD	IM	222
*Ali A. Aliasgharpour, MD	IM	158
*Peter Aliferis, MD	PTH	014
*Minda P. Alimario, MD	PD	126
*Solon L. Alimario, MD	IM	126
*A. E. Alimboyoguen, MD	GP	062
*John L. Alipit, MD	GS	078
*Denis R. Alix, MD	GS	106
*C. Robert Alkema, MD	PD	162
*H. Dale Alkema, MD	U	102
*Abdul H. Alkhafaji, MD	GS	174
*Robert D. Allaben, MD	GS	222
*Azmy A. Allam, MD	IM	206
Duane M. Allen, MD	OM	190
*J. Scott Allen, MD	P	174
*Jacqueline S. Allen, MD	OBG	102
*Jeffrey L. Allen, MD	FP	154
John V. Allen, MD	FP	222
*Monica Y. Allen		222
*Richard H. Allen, MD	ORS	034
*Richard J. Allen, MD	PD	218
*Richard J. Allen, MD	FP	214
Roger K. Allen, MD	D	090
*Thomas M. Allen, MD	ORS	118
*William T. Allen, MD	PUD	218
*William W. Allen, MD	FP	018
Harry D. Allis, MD	ORS	090
*Lyle M. Allis, MD	P	218
*Hugh R. Allott, MD	GS	042
*Edgar L. Allport, MD	GS	190
*Sarmad Almansour, MD		222
*Isidro C. Almeda, MD	GS	126
*S. P. Almeida, MD	GS	062
*Neil H. Alperin, MD	RHU	126
E. Bryce Alpern, MD	PD	222
*G. Ann Alpern, MD	PTH	218
*Edward Alpert, MD	A	126
Sam Alpiner, MD	GP	222
*Siraj N. Alseri, MD	IM	218
*Adnan M. Alshabkhoun, MD	IM	174
*William J. Alt, MD	CD	162
*Jules Altman, MD	D	126
*Evelyn D. Alumit, MD	IM	062
Herman R. Alvarez, Jr., MD	CD	222
*Julian Alvarez, MD	R	222
*Julian A. Alvarez, MD	AN	222
*Mercedes G. Alvarez, MD	GP	126
*Maria E. Alvarez-Krizan,	IM	030
*Beuker F. Amann, Jr., MD	OPH	098
*Yazdi N. Amaria, MD	GS	062
*Nitin R. Ambani, MD	U	098
Angela E. Ambrosia, MD	FP	222
Brian A. Ameel		090
*Russell K. Ameter, MD	FP	034
*Damayanti A. Amin, MD	R	174
*Haresh M. Amin, MD	PD	222
*Jagatbhai A. Amin, MD	IM	126
*Mohammed N. Amin, MD	PD	174
*Hassan Amirikia, MD	OBG	222
*Randall J. Amis, MD	AN	222
Chitra D. Amladi, MD	IM	222
*Mohamadali H. Amlani, MD	IM	062
*James A. Amlicke, MD	ORS	026
*John S. Ammond, MD	FP	150
*Claire A. Ammoun-Issa, MD	OBG	126
*Harvey E. Amoe, Jr., MD	DR	218
*Norman O. Amos, MD	ORS	034
*Syed A. Amouzegar, MD	IM	222
*Frank L. Amprim, MD	GS	222
*Daniel T. Anbe, MD	IM	062
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*Evangeline Ancheta, MD	GP	190
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*Carlos O. Andarsio, MD		174
*Louis D. Andary, Jr., MD	OBG	222
*Michael T. Andary, MD	PM	090
*Lourdes V. Andaya, MD	N	222
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*Beverly L. Anderson, MD	P	118
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*Christine M. Anderson, MD	FP	194
D. Hess Anderson, MD	GP	094
*David G. Anderson, MD	OBG	218
Donald T. Anderson, MD	R	054
Eugene C. Anderson, MD	U	222
Francis C. Anderson, MDIM		050
Harley H. Anderson, MD	FP	062
Harold E. Anderson, MD	D	034
*Harry L. Anderson, III, MD		218
*James B. Anderson, MD	ORS	126
*Jerry W. Anderson, MD	HEM	106
*John A. Anderson, MD	PD	222
John L. Anderson, MD	R	062
*John W. Anderson, MD	R	090
*Jon C. E. Anderson, MD	AN	226
*Kent E. Anderson, MD	ORS	050
*Libby S. Anderson, MD	R	098
*Marvin D. Anderson, MD	IM	222
*Mary O. Anderson, MD	FP	102
*Norbert O. Anderson, MD	P	206
Norma E. Anderson, MD	PD	210
*Peter J. Anderson, MD	IM	050
*Robert E. Anderson, MD	IM	218
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*Scott A. Anderson		222
*Thomas F. Anderson, MD	D	218
Walter L. Anderson, MD	IM	222
*William B. Anderson, MD	OBG	222
*William H. Anderson, MD	FP	082
*Lisa A. Andersson-Zetye	OBG	106
*James J. Andonian, MD	OM	222
*Felix O. Andrakovich, MD	P	174
Harvey M. Andre, MD	ORS	106
*Larry J. Andreini, MD	FP	050
*Alice F. Andrews, MD	PD	106
*Charles A. Andrews, MD	IM	106
*Kathleen M. Andries, MD	IM	022
*Roman W. Andruschkiw, MD	IM	222
*Eugenius S. Ang, MD	GE	218
Marigene G. Ang		090
*Daisy S. Angeles, MD	IM	222
*Donna L. Angell, MD	FP	222
*Linda K. Angell, MD	OPH	090
*Michael A. Angileri, MD	DR	222
Walter M. Anglin, MD	P	102
*Elizabeth Angus, MD	N	222
*Joan N. Ann, MD	GS	222
*M. R. Ansari, MD	GS	222
*Rudi Ansbacher, MD	OBG	218
*Richard D. Anslow, MD	IM	174
*Rex D. Antinozzi, MD	IM	070
Robert C. Antle, MD	OPH	022
*Shamshad Anwar, MD	PUD	194
*Zeenaat Anwar, MD	OBG	194
Ramon M. Aparece, MD	IM	126
*Pastor A. Aperochio, Jr.	AN	214
*Peter B. App, MD	FP	106
*Robert G. App, MD	FP	190
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*Lloyd E. Appell, MD	FP	102
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*Mary Appelt, MD	AN	106
*James E. Appelwick, MD	GS	022
*Martin I. Apple, MD	OPH	222
*Michael D. Appleford, MD	R	218
*James A. Applegate, MD	FP	106
Frederick Aptowitz, MD	P	222
*Joseph N. Aquilina, MD	U	190
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Adel Y. Arabbo		222
*Manaf S. Arabi, MD	N	126
*Jaime V. Aragones, MD	OPH	174
*Epifania A. Aranas, MD	PD	062
*Pratap K. Aravapalli, MD	AN	062
*Mohammad B. Arbabi, MD	IM	190
*Philip J. Arbit		222
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*Federico A. Arcari, MD	GS	174
*Reynaldo B. Arceno, MD	GP	222
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*Roger W. Archer, DO	FP	222
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*Miguel A. Arellano, MD	IM	126
*Joseph A. Arena, MD	GS	174
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*Thomas R. Arendshorst, MD	OPH	186
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Harry J. Aretakis, MD	EM	126
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*S. N. Argyres, MD	IM	102
*Mohammad A. Ariani, MD	OBG	222
Constantine T. Aries, MD	DIA	222
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Anna A. Armadilla		090
*Amy B. Armistead		222
*Hermínio A. Armovist, MD	IM	114
*John W. Armstead, MD	OBG	222
*John R. Armstrong, MD	IM	090
Mac J. Armstrong, MD	PH	222
*Rhonda M. Armstrong		222
*Richard A. Armstrong, MD	GS	066
*George C. Armas, MD	U	190
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Morris J. Arnkoff, MD	U	222
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William J. Arnold, MD	FP	222
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*Satish K. Arora, MD	PD	202
*Harold M. Arrington, MD	OBG	222
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Abdul G. Arshad, MD	GS	114
*Charles G. Artinian, MD	IM	174
Edward J. Artknak, MD	GE	102
*Richard B. Asbury, MD	GS	114
*George F. Ascherl, Jr., MD	DR	022
*Stephen M. Ascherl, MD	DR	022
*Ingida Asfaw, MD	GS	222
*Richard J. Ashack, MD	D	106
*Raymond J. Ashare, MD	GS	174
*Andrew W. Asimos, MD	EM	222
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*James C. Askins, MD	FP	098
Dean R. Asselin, MD	P	026
*Zacarias G. Asuncion, MD	TS	222
*Elaine L. Atallah, MD	IM	222
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*Steve Atallah, MD	IM	222
Russell M. Atchison, MD	FP	218
*Nathima H. Atchoo, MD	OBG	174
Peter D. Atchoo, MD	OPH	174
*Avery J. Aten, MD	FP	014
*Richard B. Atkins, MD	P	174
Annie L. Atkinson, MD	OS	162
*David E. Atkinson, MD	FP	054
*Herbert A. Atkinson, MD	FP	026
*James E. Atkinson, MD	FP	018
*Mark B. Atkinson, MD	AN	102
*Haralambos Atoyannatan, MD	IM	206
*Taissier Atrak, MD	NPM	106
*Manohar L. Atri, MD	N	190
*Akbar Attary, MD	IM	158
*Anthony K. Attie, MD	U	222
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*David K. Austin, MD	AN	074
*Donald C. Austin, MD	NS	222
*Edward Austin, MD	GS	190
Eugene S. Austin, MD	IM	206
*Mark B. Austin, MD	PTH	102
*Robert J. Austin, MD	OBG	102
Shirley Austin, MD	AN	222
John D. Ausum, MD	D	222
*Mohsen M. Avaregan, MD	PD	174
*Mustafa Avci, MD	GP	174
*Fred Averbuch, MD	OTO	126
*Walter C. Averill, MD	FP	190
Noyes L. Avery, MD	IM	106
*Maria V. Avila, MD	P	222
*Mohmoud M. Awad	222	
*Muzaffar K. Awan, MD	GP	222
*Gavin I. Awerbuch, MD	N	022
Arnold R. Axelrod, MD	IM	222
*David Axelrod, MD	IM	174
Eugene H. Axelrod, MD	AN	218
Mildred A. Axelrod, MD	IM	174
*John A. Axelson, MD	IM	098
*Jose R. Ayala, MD	PD	034
*Tayfur R. Ayalp, MD	PS	174
*Necla S. Aydar, MD	OBG	098
*Evalt Ayerdi, MD	CD	102
*Jonathon W. Ayers, MD	OBG	218
*Sumer Aygen, MD	P	022
*Kambiz Ayrom, MD	IM	174
*Ahmad N. Azar, MD	PD	222
*John A. Azevedo, MD	CD	102

B

*Catherine M. Baase, MD	FP	190
*Ebrahim M. Babaoff, MD	OBG	174
*Allen L. Babcock, MD	ORS	174
*Paul W. Babcock, MD	OTO	222
*Ralph A. Babcock, MD	IM	126
*James B. Babel, MD	GS	102
Leland A. Babitch	222	
Norman F. Bach, MD	IM	206
*Burton J. Bacher, MD	OBG	222
*Ghassan I. Bachuwa, MD	IM	062
*Peter R. Bachwich, MD	OPH	222
*Eric N. Backos, MD	PM	222
Charles R. Bacon, MD	GS	030
*George E. Bacon, MD	PD	106
*Umesh A. Badami, MD	CD	190
*Maddur N. Badarinarath, MD	OM	034
*Basivi R. Baddigam, MD	222	
*Craig N. Bade, MD	OBG	186
Benjamin H. Bader, MD	GP	222
*Julio E. Badin, MD	PTH	062
*Phillip L. Badra, MD	OBG	090
*Arthur J. Bady, MD	R	222
*Kyoung S. Bae, MD	R	222
Marga Baer, MD	OBG	222
Walter F. Baer, MD	OBG	222
Behnam S. Bagheri	222	
*Frank A. Bagnasco, MD	CD	174
*Thabit M. Bahhur, MD	IM	194
Robert J. Bahra, MD	P	222
*Sharif Baig, MD	GS	222
*Douglas L. Bailey, MD	EM	034
*Duane J. Bailey, MD	FP	062
James E. Bailey, MD	GS	030
Robert S. Bailey, MD	U	194
*Margaret A. Baima, MD	P	222
W. Claire Baird, MD	GS	062
*Walter M. Baird, MD	CD	090
*James E. Bakeman, MD	ORS	106
*Bruce H. Baker, MD	AN	106
*Charles W. Baker, MD	ON	222
*Dale E. Baker, MD	RHU	218
*David E. Baker, MD	DR	218
*Delores F. Baker, MD	OBG	222
*Donald B. Baker, MD	IM	042
Francis F. Baker, MD	ORS	126
*George H. Baker, MD	PD	090
*John A. Baker, III, MD	P	090
*John D. Baker, MD	OPH	222
*Michael J. Baker, MD	IM	174
*Robert B. Baker, MD	R	042
*Robert J. Baker, MD	P	106
Robert P. Baker, DDS	126	
*Steven R. Baker, MD	IM	106
Thomas C. Baker, MD	ORS	090

*Durward J. Bakker, MD	PD	106
Frank T. Balaga, MD	OM	222
*B. Balakrishnapa, MD	IM	222
*J. Alfredo Balarezo, MD	NS	222
*Ronaldo S. Balboa, MD	IM	194
Matthew A. Balcerski, MD	IM	222
*Kiran Balchandani, MD	OBG	222
*Edgar P. Balcueva, MD	IM	190
*Ernie P. Balcueva, MD	IM	190
*Frederick W. Bald, III, MD	OBG	102
*Edgardo C. Balde, MD	AN	062
*Jere F. Baldwin, MD	FP	194
*Frank S. Baleiko, MD	U	226
*John V. Balian, MD	OPH	174
*Nestor L. Balisi, MD	AN	186
*Patricia A. Ball, MD	IM	174
*Richard D. Ball, MD	PM	070
Donald R. Ballard, MD	FP	222
*David S. Balle, MD	D	222
*Mark R. Balle, MD	D	222
*George J. Balogh, MD	DR	102
Linda M. Balogh	222	
*Michael R. Balon, MD	FP	174
*Richard Balon, MD	P	174
*Angelita M. Baluyut, MD	AN	222
Gordon W. Balyeat, MD	IM	106
*Gregory A. Bambach	222	
Jeanne Bamrick	222	
*Jeffrey D. Band, MD	IM	174
*Emily W. Bandera, MD	A	218
*Jaroslav M. Bandera, MD	PD	218
*Kirk G. Banerian, MD	R	062
*Amitabha K. Banerjee, MD	PD	062
*Lal Gopal Banerji, MD	IM	222
*Frank E. Banfield, MD	PD	186
Norman L. Banghart, MD	OBG	218
*Michael Banka, MD	FP	162
*David O. Bankole, MD	IM	098
*Hermann D. Banks	222	
*John E. Bannow, MD	U	026
Robert J. Bannow, MD	ORS	174
*Firooz Banooni, MD	OBG	222
*Lenise Banse, MD	D	222
*Michael D. Banyai, MD	IM	170
*Reuven Bar-Levav, MD	P	174
*Fidelina N. Baraceros, MD	PD	222
Lewis R. Barak, MD	GP	222
Alphonse W. Baran, MD	FP	222
*Gregory W. Baran, MD	DR	162
*Mohammad Bararsani, MD	OBG	222
Louis C. Barbaglia, MD	GS	222
*Jehan R. Barbat, MD	R	174
*Luis G. Barbe, MD	GS	222
Radivoj R. Barber, MD	IM	222
*Thomas E. Barbieri, MD	R	126
*Bruce S. Barbour, MD	IM	098
David A. Barbour, MD	R	062
*Edmund M. Barbour, MD	IM	222
Fleming A. Barbour, MD	OPH	062
*Keith R. Barbour, DO	P	158
*Stephen D. Barbour, MD	PD	106
Stuart P. Barden, MD	R	034
*M. B. Bardenstein, MD	ORS	222
Alwin S. Barefield, MD	FP	222
Benjamin Barenholtz, MD	P	222
*Rafael Barfi, MD	GE	222
*Donald C. Barkel, MD	GS	174
Charles P. Barker, MD	P	174
*David B. Barker, MD	FP	222
*David H. Barker, MD	R	222
*Robert A. Barker, Jr., MD	EM	070
*V. Dale Barker, MD	FP	178
*Walter F. Barkey, MD	D	062
*Nasser A. Barkhordari, MD	R	174
*Gregory L. Barkley, MD	N	222
*Eduardo V. Barlan, MD	GS	130
*Myron Barlow, MD	D	222
*Peter P. Barlow, MD	A	174
*Susan E. Barlow, MD	EM	022
*Bradley T. Barnes, MD	PD	174
*James W. Barnes, MD	FP	162
*Michael E. Barnes, DO	P	222
*Rex V. Barnes, MD	IM	106
*Robert E. Barnes, Jr., MD	IM	174
*C. Richard Barnett, MD	FP	018
*Graham M. Barnett, MD	U	106
*James M. Barnett, MD	OPH	162
Jayson W. Barnett, MD	AN	114
Robert F. Barnett, MD	R	226

Gerald F. Barofsky, MD	GP	106
*Joseph F. Baron, MD	GP	082
*Keith W. Baron, MD	EM	078
Charles G. Barone, MD	GS	174
*Charles J. Barone, II, MD	PD	222
C. Dale Barrett, MD	PH	030
*David J. Barrett, MD	OPH	106
*Prudence L. Barrett, MD	PD	026
*Roberto M. Barretto, MD	IM	126
*Robert A. Barron, MD	IM	174
Winona M. Barrows, MD	PUD	102
*Jack L. Barry, MD	FP	190
*Leroy C. Barry, MD	GS	190
Manley L. Barry, MD	P	102
*Ronald C. Barry, MD	PS	190
*William S. Barry, M	GPM	034
*Mark D. Barsamian	090	
*Henry J. Barsch, MD	U	134
*David Barsky, MD	OPH	222
Joseph A. Barsz, MD	GS	194
Donald K. Barstow, MD	GP	122
*Francis A. Bartek, MD	OBG	090
*Gordon L. Bartek, MD	R	090
*Ricardo Bartelme, MD	FP	218
*George M. Bartels, MD	OBG	034
*Edward G. Bartholomew, MD	AN	222
*Michael P. Bartlett, MD	DR	154
*Casey R. Bartman, MD	ORS	106
*Kenneth P. Bartold, MD	DR	222
*Anthony H. Bartolo, MD	OBG	158
*Edward E. Barton, MD	U	174
Stanley L. Barton, MD	OPH	222
John R. Bartone, MD	NS	070
*Karen D. Bartscht, MD	OBG	218
*Nicholas W. Bartz, DO	FP	098
*James D. Bash, DO	FP	150
*Theodore A. Bash, DO	FP	150
Theodore L. Bash, MD	GP	050
*Chowdry M. Bashir, MD	P	222
*Javaid M. Bashir, MD	IM	034
*Sidney Baskin, MD	IM	222
*Neil A. Basmaji, MD	IM	222
*Joseph S. Bassett, MD	GS	222
*Firooz Bassir, MD	GS	222
Zorka Basta, MD	OBG	218
*Brad D. Bastow, DO	CD	214
Thomas M. Batchelor, MD	CD	222
*Joseph T. Batdorf, MD	FP	062
*James W. Bateman, MD	OBG	102
Richard C. Bates, MD	IM	090
*Richard D. Bates, MD	OBG	222
*Robert J. Bates, MD	U	186
*James A. Batti, MD	FP	054
*John M. Battle, MD	FP	222
John C. Battle, MD	PD	194
*Donald H. Batts, MD	IM	102
*Philip J. Baty, MD	FP	106
*Theodore N. Batzer, MD	IM	130
*Daniel L. Bauer, MD	U	106
*E. William Bauer, MD	GP	174
*Franz S. Bauer, MD	PD	174
*Glenn D. Bauer, MD	PD	174
Jere M. Bauer, MD	IM	218
*Kathleen M. Bauer, MD	EM	090
Ralph E. Bauer, MD	AN	222
*Raymond T. Bauer	222	
William C. Baum, MD	U	186
*Billy B. Baumann, MD	PTH	174
*Gregory W. Baumann MD	EM	098
Moe Baumer, MD	IM	222
Thomas W. Baumgarten, MD	GS	222
*David D. Baumgartner, MD	IM	106
Reynold J. Baumstark, DDS	190	
*Lawrence A. Bauss, MD	AN	102
*Genoveva A. Bautista	PD	126
*Joaquin P. Bautista, MD	GS	222
Leandre I. Bautista, MD	CRS	034
*Seymour Baxter, MD	P	174
*Terry L. Baxter, MD	IM	102
*William D. Baxter, MD	GS	018
*Lee D. Baylis	FP	090
*Loren M. Baylis, MD	GP	174
*Leonardo M. Baylon, MD	GS	114
*Mehmet O. Bayram, MD	OBG	222
*Sussan M. Bays, MD	GS	190
*Gilbert M. Bazil, MD	IM	222
*Salomon Bazini, MD	P	222
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*Harold E. Bland, MD	PD	102
*Douglas H. Blanks, MD	A	222
*Lawrence E. Blase, MD	IM	174
*Marcus G. Blass, MD	GS	010
*Robert P. Blau, MD	OPH	174
*Joyce M. Blazejewski, MD	PD	174
*Mark A. Blazek, MD	PD	102
Eugene E. Bleil, MD	AN	090
*Gordon R. Bleil, MD	FP	102
*William B. Blessed, MD	OBG	222
*Cathy O. Blight, MD	PTH	062
*Wayland G. Blikken, MD	AN	034
*David H. Blinkhorn, MD	GS	222
Gary H. Bliss, MD	EM	106
*Donald R. Blitz, MD	OBG	174
*Gregor W. Blix, MD	U	102
Duane L. Block, MD	OM	222
*Jeffrey F. Block, MD	NEP	102
Ralph Blocksma, MD	PS	106
William H. Blodgett, MD	ORS	222
W B. Bloemendal, MD	GP	186
*Marshall J. Blondy, MD	PD	222
*David A. Bloom, MD	U	218
*Jane M. Bloom, MD	IM	218
Robert E. Bloom, MD	D	162
*Victor Bloom, MD	P	222
Robert J. Bloor, MD	TR	174
*Rosemarie Blosen, MD	AN	222
*Harry M. Blount, MD	OBG	070
*Maurice Blue		222
*Gilbert B. Bluhm, MD	RHU	222
Benjamin B. Blum, MD	IM	170
*Dale C. Blum, MD	EM	070
*David Blum, MD	D	222
*George L. Blum, MD	PD	222
*Jon H. Blum, MD	D	174
*Mark S. Blumenkranz, MD	OPH	174
*H. I. Blumenstein, MD	R	022
*Frank S. Blumenthal, MD	PM	222
*Robin A. Blumer, MD	OBG	174
*Paul S. Blunden, MD	OBG	222
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Jerry C. Bobo, MD	OBG	102
*John E. Boccaccio, MD	GS	222
John L. Boccaccio, MD	GP	222
*Brooks F. Bock, MD	EM	222
*Pamela A. Bock, MD		222
*William C. Bock, MD	GS	026
Arthur W. Boddie, MD	FP	222
*Charles Bodem, MD	ID	062
Anita Bodiya		222
*Michael T. Bodley, MD	IM	106
*Aida Bodour, MD	N	098
*Jason H. Bodzin, MD	GS	222
*David C. Boechler, MD	IM	090
*Mark R. Boelkins, MD	IM	106
*Walter J. Boerman, MD	FP	106
Vernon L. Boersma, MD	PD	186
*M. Dale Boesky, MD	P	174
*Elizabeth A. Boessenkool	FP	106
*Norman R. Boeve, MD	ORS	186
*William R. Bogan, MD	IM	034
*R. S. Bogdasarian, MD	OTO	218
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*David D. Bogorad, MD	OPH	222
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Robert E. Bogue, MD	OBG	222
*Gregory A. Bohn, MD	GS	162
A. Waite Bohne, MD	U	222
*Bahadur S. Bohra, MD	ORS	222
*Wilbur J. Boike, MD	N	062
Thornton I. Boileau, MD	OM	174
*Brian B. Bojesen, MD	OBG	174
*Dennis I. Bojrab, MD	OTO	174
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*John D. Boldan, MD	AN	042
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*Steven Bolton, MD	GS	174
*James C. Bolz, MD	ORS	174
*James C. Bommarito, MD	PDA	222
*Gary M. Bomphray, MD	GP	022
*Michael J. Bonczak, MD	OBG	174
*William H. Bond, MD	GP	162

*Henry G. Bone, III, MD	IM	222
*Virgilio Bonet, MD	GS	062
*Robert E. Bonfield, MD	DR	218
*William A. Bonnell, MD	OBG	126
*Bruce W. Bonnell, MD	GS	106
*Sylvia F. Bonner, MD	IM	222
*Warren D. Bontrager, MD	FP	150
*Warren E. Bontrager, MD	GP	150
Alvin Bonzelaar, MD	GS	186
*Marvin Bonzelaar, MD	IM	106
*William B. Bonzelaar, MD	FP	186
*Stephen E. Boodin, MD	NS	174
*Mandell T. Bookman, MD	U	206
Robert M. Bookmyer, MD	PD	174
*Robert R. Boomer, MD	FP	174
George F. Boone, MD	R	170
*Nern Boonprasert, MD	IM	030
*Manoo Boonsiri, MD	TS	222
Charles E. Boonstra, MD	PTH	026
*David G. Booth, MD	FP	162
Ernest Booth, MD	PTH	222
*Enrique M. Boquin, MD	IM	222
*Robert G. Borchak, MD	GS	222
Robert L. Borenitsch, DO	OTO	190
*E. Borhani-Azar, MD	GS	158
*Jurin Boriboon, MD	PD	222
*Kingkhan Boriboon, MD	PD	222
Maurice C. Borin, MD	AN	222
Lisa M. Borkowski		090
*Gil S. Borlaza, MD	R	218
*Frederick W. Born, DO	FP	098
*Melvin J. Bornstein, MD	P	174
*Harry R. Borovik, MD	OTO	070
*Philip G. Borozan, MD	GS	102
*J. Carlos Borrego, MD	R	174
*Ricardo D. Borrego, MD	AN	222
*Daniel K. Borreson, MD	GS	106
*Vidal D. Borromeo, MD	IM	174
*James R. Borst, MD	ON	106
Leon R. Boruch, MD	PTH	110
*Peter M. Boruta, MD	ORS	174
*James R. Bos, MD	DR	162
Jan K. Bosch, MD	GS	106
*Donald F. Bosker, MD	FP	062
*Peter E. Boss, MD	R	074
*Richard S. Boss, MD	FP	166
*David B. Bosscher, DO	FP	154
David W. Bostian, MD	P	218
*Oswald Bostic, MD	IM	222
*Robert A. B. Bota, MD	PTH	222
James H. Botsford, MD	FP	218
Edmund T. Bott, MD	GP	222
*Sidney F. Bottoms, MD	OBG	222
Isadore Botvinick, MD	D	174
Roman E. Boucher, MD	OPH	174
*Rudrick E. Boucher, MD	OTO	174
*Reed M. Bouche, MD	OPH	190
*Michael C. Boucree, MD	IM	062
*John E. Boudeman, MD	OBG	218
*William G. Bouman, MD	IM	106
*James B. Bour, MD	U	102
*James J. Boutrous, MD	U	222
*Anthony E. Boutt, MD	OBG	174
William S. Boutwell, MD	AN	186
*Robert M. Bouvier, Jr., MD	IM	062
Jill K. Bouwer		090
*Daniel L. Bouwman, MD	EM	102
Manuel A. Bouza, MD	OM	222
*William A. Bow, MD	PD	190
*Richard J. Bower, MD	FP	214
Leo J. Bowers, MD	FP	222
*M. Joseph Bowler, MD	OTO	102
*Gary L. Bowman, DO	DR	102
*Harold E. Bowman, MD	PTH	090
*Randall E. Bowsman, DO	AN	194
*Iqbal G. Boxwala, MD	IM	174
David C. Boyce, MD	OPH	106
*Barbara J. Boyd, MD	IM	026
Jack L. Boyd, MD	P	070
Debra L. Boyer, MD	PD	218
Peter R. Boyer, MD	D	062
*Roy W. Boyer, MD	IM	150
*Stanley Boykanskys, MD	IM	174
*Eugene H. Boyle, MD	AN	222
*Molly E. Boyle		222
*Oded Boyman, MD	OBG	222
*Ruth Boyman, MD	OPH	174
*Carsten P. Boysen, MD	AN	162
*Dennis A. Boysen, MD	GS	190
*Peter M. Bozeman, MD	AN	218

*Larry E. Braak, MD	P	186
Fred C. Brace, MD	FP	106
A. Peter Brachman, MD	FP	010
Horace F. Bradfield, MD	GP	222
*R. John Bradfield, MD	OBG	222
Carl W. Bradford, MD	P	090
*James R. Bradford, MD	AN	102
*Philip F. Bradford, MD	PTH	186
Donald E. Bradley, MD	FP	198
*Donald R. Bradley, MD	OBG	174
George T. Bradley, MD	CRS	222
*John L. Brady, MD	CD	062
*Neal C. Brady, MD	IM	174
Wilbur G. Braham, MD	GP	198
*Paul E. Brame, MD	FP	106
Hira E. Branch, MD	ORS	062
Peter B. Brand, MD	AN	190
*Carl P. Brandt, MD	OBG	106
*Ralph L. Brandt, MD	IM	218
*Robert J. Brandt, MD	OM	222
*Adolfo J. Brane, MD	P	222
*Robert E. Brantley, MD	R	090
*Daniel W. Brash, MD	NEP	026
Zane A. Brashares, MD	GP	098
Scott B. Brasseur, MD	IM	018
*Robert K. Brateman, MD	FP	174
Harvey J. Bratt, MD	GS	106
Robert A. Braun, MD	P	174
*Walter M. Braunohler, MD	ORS	106
Edward G. Braunschneider	FP	106
*Caridad B. Bravo-Fernande	AN	222
*Gail P. Brayden, MD	CD	134
*Barry A. Breakey, MD	U	218
*Robert A. Breakey, MD	FP	218
*James I. Breckenfeld, MD	R	222
Frank N. Bredau, MD	GS	222
*Robert L. Bree, MD	DR	218
*Wayne J. Breece, MD	IM	062
*David W. Brege, MD	PD	126
*Sander J. Breiner, MD	P	174
Ray A. Breitenbach, MD	FP	174
*William M. Bremer, MD	PD	102
*James C. Breneman, MD	AI	102
*James E. Brennan, MD	FP	198
Kenneth M. Brennan, MD	EM	102
*Mark J. Brennan, MD	PM	174
*Michael J. Brennan, MD	IM	222
*Terrence P. Brennan, MD	IM	126
*Timothy A. Brennan, MD	IM	222
*Nancy E. Brennenman, MD	IM	162
*Wayne L. Brennenman, MD	IM	162
*Frederick E. Brenner, MD	OM	154
*Sheldon L. Brenner, DO	PD	174
*Thomas E. Brenner, MD	FP	198
*Gregg L. Brent		222
Morris S. Brent, MD	GS	222
*Robert L. Brent, MD	U	222
*Frank Brettschneider, DO	OTO	194
*Arthelia J. Brewer, MD	OM	174
Wilson K. Brewer, MD	R	218
*David R. Brickel, MD	U	086
*Leslie J. Bricker, MD	IM	222
*Murray Brickman, MD	OBG	222
*Neil A. Brickman		222
*Robert J. Brickner, Jr.	CRS	090
Robert G. Bridge, MD	IM	154
Rebecca S. Brienza		090
*Michael J. Briggs, DO	FP	190
*William A. Briggs, MD	IM	170
William J. Briggs, MD	IM	126
*Rafael C. Brillantes, MD	IM	098
J. Russell Brink, MD	IM	106
*Thomas W. Brink, MD	IM	106
*Sandra M. Brinker		222
Harvey H. . MD	GP	095
*Bruce B. Brintnall, MD	IM	106
*David A. Brinton, MD	OBG	174
*Ernesto R. Briones, MD	ON	222
*Adam Brish, MD	NS	134
Jacob E. Briski, MD	PTH	222
*Laurence E. Briski, MD	PTH	222
John E. Brissom, MD	GS	222
*Louis J. Brissom, MD	R	222
*William L. Bristol, MD	IM	126
*Kathy J. Brittan, MD	FP	214
*Lee R. Britton, MD	GS	014
*Donald R. Brock, MD	PTH	222
*Joseph L. Brock, MD	FP	162
*Gerald K. Brocker, MD	AN	222
*Andrew P. Brockmyre		090

Brockmyre

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* Asterisk beside name denotes AMA membership

Brode

* Howard S. Brode, MD	P	174
* Sidney M. Broder, MD	N	062
* James D. Brodeur, MD	FP	082
* Howard A. Brody, MD	FP	090
* Anna M. Broecker, MD	PTH	090
* Thomas P. Bronken, MD	EM	058
* Donald G. Bronn, MD	R	222
* Nancy J. Brooke, MD	AI	106
* Beth A. Brooks, MD	P	222
* Carter D. Brooks, MD	PD	102
* Eugene M. Brooks, MD	P	222
* Patricia A. Brooks, MD	FP	174
* William R. Brooks, Jr., MD	FP	154
* Edward J. Brophy, DO	ORS	070
Charles O. Brosius, MD	P	222
* Paul L. Brothers, MD	FP	198
* A. Joseph Brough, MD	PTH	222
* Robert H. Brounger, MD	PD	218
* Robert D. Brower, MD	GE	102
* John W. Broviac, MD	IM	090
* Walter G. Brovins, MD	P	218
* Allan C. D. Brown, MD	AN	218
Alvin M. Brown, MD	PM	222
Andrew G. Brown, MD	GS	174
Arnold L. Brown, MD	GS	174
Arthur L. Brown, II, MD	GS	102
Bruce L. Brown, MD	IM	102
Byron P. Brown, MD	PH	058
* C. Arch Brown, MD	PTH	062
Charles H. Brown, MD	GP	222
* Deloisteen Brown, MD	IM	218
Donald Brown, MD	IM	174
* Donald W. Brown, Jr., DO	AN	162
* Eli M. Brown, MD	AN	222
* Frederick B. Brown, MD	GS	162
Frederick W. Brown, MD	FP	090
Gordon T. Brown, MD	GP	222
* Gregory S. Brown, MD	NEP	190
* Harold E. Brown, MD	GP	026
* Jack A. Brown, MD	FP	018
* James A. Brown, MD	D	222
* James C. Brown, MD	IM	222
John W. Brown, Jr., MD	OM	090
* John F. K. Brown, MD	DR	174
* Kenneth A. Brown, MD	U	222
* Lane R. Brown, MD	ORS	174
* Leland C. Brown, MD	PH	126
* Marshall A. Brown, MD	OTO	190
* Morris Brown, MD	AN	222
* O. William Brown, MD	CDS	222
Oscar A. Brown, MD	OPH	222
* Patricia D. Brown, MD	IM	222
* Richard C. Brown, Jr., MD	P	034
Richard C. Brown, MD	PD	206
* Richard O. Brown, MD	OPH	222
* Robert S. Brown, MD	GS	154
* Robert S. Brown, Jr., MD	OBG	026
Robert W. Brown, MD	IM	034
Sandra T. Brown, MD	DR	222
* Suzanne J. Brown		222
Thomas A. Brown, MD	GP	222
* Cynthia H. Browne, MD	R	218
* Richard T. Browne, MD	R	174
* Harold H. Brownell, MD	OBG	222
* Daniel P. Browning, MD	GS	174
Kneale M. Brownson, MD	GS	070
* Thomas A. Bruce, MD	IM	034
* W. John Bruder, MD	ORS	070
* Gerald G. Brueckner, MD	CLP	126
Edgar S. Bruer, MD	FP	222
Edwin L. Bruer, MD	GP	222
* Paul A. Bruer, MD	IM	194
Laurence Bruggers, MD	OBG	190
* Benjamin J. Bruinsma, MD	PM	106
Herman R. Brukardt, MD	GP	146
* Scott R. Brundage, MD	PS	106
* Richard E. Bruner, DO	FP	134
* Terrance A. Bruner, MD	R	062
* Leonard A. Brunette, MD	R	102
* John R. Bruni, MD	ABS	026
* Mark R. Bruni, MD	AN	174
* Lee R. Brunner, MD	END	170
* Joseph A. Bruno, MD	FP	102
* Peter J. Bruno, MD	GS	074
Brock E. Brush, MD	GS	222
* Robert E. Brush, Jr., MD	PUD	102
* George G. Bruzza, MD	OBG	102
* Paul B. Bry, MD	OBG	190
Donald I. Bryan, MD	IM	222
* Henry G. Bryan, MD	D	174

* Thomas B. Bryan, MD	IM	194
* Benjamin J. Bryant, MD	GS	034
Donald R. Bryant, MD	R	062
Frederick W. Bryant, MD	OPH	174
Henry C. Bryant, MD	PTH	218
* David E. Bryer, MD	R	222
* Judith G. Brysk, MD	OBG	174
* Henry Brystowski, MD	IM	222
Harry D. Bucalo, MD	PTH	218
* Frank A. Bucci, Jr., MD	OPH	158
* Cynthia Buchalter, MD	CHP	070
* Gerald L. Buchanan, MD	EM	162
Joel E. Buchanan		222
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* Jack H. Buck, MD	GP	094
* Joseph R. Buck, MD	GS	222
* Raymond E. Buck, MD	P	222
* William C. Bucknam, MD	P	218
* John M. Buday, MD	N	022
* M. Arthur Budden, MD	R	090
* Harish B. Budev, MD	PTH	222
* Ronald F. Budzik, MD	R	222
Robert C. Buehrig, MD	P	174
* B. G. Buenaflor, MD	GS	114
* Filomena F. Buenaflor, MD	IM	114
* Charles R. Buhse, MD	OBG	174
* Janet M. Buhse, MD	FP	090
* Kastytis L. Buitkus, MD	IM	174
* Charles D. Bukrey, MD	ORS	106
Rockwood W. Bullard, MD	GS	174
* James R. Bullen, MD	IM	014
* Bryan D. Buller, MD	EM	106
* James M. Bullock, MD	ORS	090
Dan J. Bulmer, MD	GS	154
* Robert G. Bulten, MD	PD	106
Jerry E. Bultuis, MD		186
Leo W. Bunce, MD	GP	094
* Garry J. Bundy, MD	AN	022
* Frank H. Bunker, MD	CD	026
* Cecilia A. Buot, MD	IM	222
* Keith H. Burch, MD	IM	222
* John H. Burdakin, Jr., MD	ON	174
* Harry W. Burdick, MD	ORS	102
* Robert H. Burge, MD	PD	222
* Howard J. Burgess, II, MD	FP	090
* Michael W. Burgess, DO	FP	098
Paul X. Burgoyne		222
* Gregory L. Burhans, MD	PTH	034
* Thomas C. Burk, MD	EM	022
Chauncey G. Burke, MD	GP	174
* David W. Burke, MD	IM	102
* Dennis P. Burke, MD	DR	102
* Dennis R. Burke, MD	FP	218
* Gerald J. Burke, MD	OPH	222
* Robert H. Burke, MD	MFS	218
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* Kenley F. Burkhardt, MD	GS	010
* Daniel L. Burkhead		222
* Donald D. Burkley, MD	FP	150
* Ronald T. Burkman, MD	OBG	222
* Matthew L. Burman, MD	OPH	222
* Karen S. Burnard, MD	FP	218
* Quintin M. Burnett, II, MD	ORS	102
* Quintin M. Burnett, MD	TS	042
* Richard E. Burney, MD	GS	218
Thomas K. Burnham, MD	D	222
* Paul J. Burns, MD	FP	154
* Thomas D. Burns, MD	IM	186
Robert B. Burrell, MD	IM	102
F. M. Burroughs, Jr., MD	GP	106
* John J. Burroughs, MD	GP	158
* John H. Burrows, MD	IM	222
* Lowell R. Bursch, MD	GS	106
Harry S. Burstein, MD	GP	222
* Joseph F. Burkita, MD	GP	174
Irving F. Burton, MD	PD	174
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* M. Jeannette Burton, MD	OBG	222
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* Julie B. Bush, MD	DR	062
Raymond C. Bush, MD	AN	154
* Russell L. Bush, MD	FP	110
Maurice D. Buskirk, MD	OBG	214
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John R. Caldwell, MD	IM	222
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* Frank C. Campbell, MD	R	106
* John N. Campbell, MD	IM	106
John S. Campbell, MD	ORS	022
* Lawrence F. Campbell, MD	R	222
* Mark Campbell, MD	ON	106
* Peter B. Campbell, MD	IM	062
Richard E. Campbell, MD	GS	094
Richard J. Campbell, MD	OBG	034
Robert E. Campbell, MD	IM	222
Ruth B. Campbell, MD	GS	222
* Stephanie A. Campbell		222
* Vern J. Campbell		090
* William B. Campbell, MD	IM	102
Jose L. Campos, MD	TR	102
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Marcelo C. Canlas, MD	AN	034

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* E. Esquejo Capili, MD	OBG	218
* Napoleon N. Capili, MD	AN	222
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Joseph M. Caputo, MD	U	222
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Rankin L. Carefoot, MD	CLP	134
Leslie A. Caren		222
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* Mitchell J. Carey, MD	FP	170
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* Juan C. Carioni, MD	IM	174
* Bruce E. Carl, MD	FP	126
* James P. Carl, MD	DR	218
John C. Carlisle, MD	GS	222
Joseph D. Carlisle, MD	PS	174
Ralph E. Carlson, MD	GS	054
Ralph G. Carlson, MD	GP	090
Robert T. Carlson		090
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* Vernetta M. Carlson, MD	FP	146
* Waldo B. Carlson, MD	IM	054

Wayne B. Carlson, MD	FP	134
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Kenneth W. Carman, MD	FP	222
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Edgar H. Caughey, MD	GP	222
Hugh T. Caumartin, MD	R	190
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* John W. Cavendish, II, MD	FP	190
L. Harold Caviness, MD	P	034
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* John T. Cerovski, MD	IM	102
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Henry Cevallos, MD	N	162
Ahmed Chaballout, MD	GS	222
* Elsamma Chacko, MD	IM	102
* Mohinder S. Chadha, MD	CLP	114
* John M. Chadwick, MD	D	034
* Mansuk Chae, MD	OBG	222
* Song H. Chae, MD	PTH	222
* William M. Chae, MD	R	222
Mahmoud Chafy, MD	AN	194
* Michael D. Chafy, MD	IM	106
* T. Chairatana, MD	AN	222
* David J. Chait, MD	DR	222
* B. P. Chakraverty, MD	ORS	062
Vijay K. Chaku, MD	IM	190
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Ned I. Chalal, MD	OTO	222
* Ricardo Chalela, MD	R	126
Ray W. Chamberlain, MD	ABS	096
* George M. Chamberlin, MD	PM	034
* Wayne A. Chambers, MD	AN	222
* James A. Chamness, MD	PD	014
* James K. Chamness, MD	PD	186
* C. Kohler Champion, MD	IM	174
John P. Champion, MD	R	106
* Alexander U. Chan, MD	IM	062
* Francisco N. Chan, MD	U	222
* Paul L. Chan, MD	GS	022
* Paulino S. Chan, MD	IM	034
* Raymond K. Chan, MD	NPM	062
Donald Chandler, MD	GP	106
Edward M. Chandler, MD	GS	034
Joseph H. Chandler, MD	N	174
* William F. Chandler, MD	NS	218

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NPM	062
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* Amnat Chandra, MD	OBG	126
* Sharath S. Chandra, MD	IM	222
* Boonchoo Chang, MD	IM	038
* Byung H. Chang, MD	DR	062
* Cheng-Yang Chang, MD	U	062
* Chul Chang, MD	IM	214
* Emily M. Chang, MD	GP	126
* Hang S. Chang, MD	R	222
* Hyun S. Chang, MD	GS	222
* Jung H. Chang, MD	R	222
* Nora F. Chang, MD	PD	226
* Suk J. Chang, MD	AN	090
* Mariann M. Channell, MD	OPH	126
* Satya B. Chaparala, MD	IM	034
* Johanna Chapel, MD	D	222
* Thomas A. Chapel, MD	D	222
* Lydia A. Chapelsky, MD	PD	218
* Harvey N. Chapin, MD	P	154
* Maurice H. Chapin, MD	FP	210
Sidney E. Chapin, MD	IM	222
* Janet L. Chapman, MD	IM	174
Roland H. Chapman, MD	P	222
* Eugene J. Chapp, MD	PD	174
Barbara M. Chapper, MD	PD	222
* Christopher C. Chaput, MD	AN	174
* Harold P. Charbeneau, MD	PD	126
Del C. Charbonier, MD	IM	126
* Linda Charbonier, MD		222
* Luis M. Charbonier, MD	IM	126
* Eugene N. Chardoul, MD	IM	062
* C. Robert Charles, MD	D	170
* Martin L. Charles, MD	IM	222
* Arnold D. Charlley, MD	ORS	222
* Catherine A. Chartier, MD	OBG	174
* Kathleen E. Chase, MD	AN	106
Jack Chase, MD	IM R.	106
* Stephen G. Chase, MD	OTO	096
Walter E. Chase, MD	GS	010
Jacob L. Chason, MD	PTH	222

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GP	126
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IM	034
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PD	218
P	154
FP	210
IM	222
IM	174
P	222
PD	174
PD	222
AN	174
PD	126
IM	126
	222
IM	126
IM	062
D	170
IM	222
ORS	222
OBG	174
AN	106
IM R.	106
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GS	010
PTH	222

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* John W. Chatas, MD	AN	218
* Pyra S. Chauhan, MD	U	222
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* James B. Chauncey, MD	IM	098
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* Cleofe J. Chavez, MD	PD	134
* Luis A. Chavez, MD	OBG	222
* William M. Chavis, MD	OBG	222
* Avinash C. Chawla, MD	PD	174
* Prayad Chayapruks, MD	IM	134
* Tony P. Chebli, MD	FP	090
* Frank E. Check, Jr., MD	IM	222
* Pavitar S. Cheema, MD	P	174
* Chihsing C. Chen, MD	GS	034
* Chin-Shuh C. Chen, MD	OBG	222
* David W. T. Chen, MD	CD	190
Mey-En Chen, MD	R	106
* Michael Chen, MD	IM	126
Shek-Chyen Chen, MD	R	222
Vincent V. Chen, MD	OPH	222
* Yingsan Chen, MD	IM	222
William D. Cheney, MD	R	090
Maynard B. Chenoweth, MD		154
* Bradley J. Cherenzia, MD	R	222
* Allan W. Chernick, MD	CD	222
* Dennis K. Chernin, MD	GPM	218
* John F. Cherry, MD	DR	190
* Radha Cherukuri, MD	OBG	190
Nicholas Cherup, MD	PM	174
* William D. Cheslin, MD	MFS	174
* Joseph L. Chess, MD	ORS	222
* Vicki E. Chessin, MD	FP	074
Alice S. Chester, MD	P	222
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* Adolfo M. Chipoco, MD	FP	222
* Ronald S. Chippis, MD	IM	102
* Neldagae S. Chisa, MD	D	174
* Peter R. Chisena, MD	FP	190
* Darapen Chivalak, MD	OBG	222
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* Soon A. Choi, MD	IM	062
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* William R. Church, MD	DR	070
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* Mary C. Ciotti, MD	OBG	090
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* Alberto Cohen, MD	CD	126
* Carl J. Cohen, MD	D	174
* Cynthia C. Cohen, MD	FP	222
* Daniel H. Cohen, MD	OBG	174
* Della D. Cohen, MD	GYN	174
* Lewis Cohen, MD	PM	174
* Melvin F. Cohen, MD	P	174
* Sanford N. Cohen, MD	PD	222
* Seth D. Cohen, MD	OTO	174
* Steven R. Cohen, MD	GS	218
* Rosalind M. Cohen-Kelly	EM	222
* Stephen D. Cohle, MD	PTH	106
* Arnold M. Cohn, MD	OTO	222
* Edward M. Cohn, MD	OPH	174
* S. Leonard Cohn, MD	OBG	174
* Sorab A. Colah, MD	NS	126
* Douglas L. Colberg, MD	FP	198
* Gerald G. Cole, MD	OTO	062
* Larry M. Cole, DO	AN	022
* Versa V. Cole, MD	GP	170
* Neil C. Colegrove, MD	FP	106
* James D. Coleman, MD	GP	222
* John F. Coleman, MD	AN	070
* Richard G. Coleman, MD	EM	186
* Douglas J. Coles, MD	FP	070
* Thomas B. Coles, MD	OS	222
* Harry T. Colfer, MD	CD	170
* Alonso Collar, MD	TS	090
* Ross J. Collie, MD	R	062
* Beverly A. Collier, MD	AN	090
* Richard L. Collier, MD	GS	090
* Paul C. Colligan, MD	CLP	190
* Edward F. Collins, MD	FP	174
* Hubert V. Collins, MD	AN	034
* James I. Collins, MD	OBG	062
* James U. Collins, MD	AN	106
* Jay D. Collins, MD	GS	150
* John J. Collins, Jr., MD	FP	106
* John T. Collins, Jr., MD	GS	102
* Lois B. Collins, MD	FP	010
* Michael P. Collins, MD	OBG	070
* Thomas D. Collins, MD	FP	010
* Vicki H. Collins, MD	FP	174

* Kathy L. Collins-Williams	OBG	106
* David J. Collon, MD	ORS	222
* Claire S. Colman, MD	P	174
* Michael D. Colman, MD	PYA	174
* Laura M. Colone		222
* Pino D. Colone		090
* Lee H. Colony, MD	PS	090
* Graham F. Colquhoun, MD	OPH	034
* Peter J. Colquhoun, MD	OPH	034
* Jeffrey J. Colton, MD	OTO	174
* John C. Colwill, MD	ORS	106
* William B. Comai, MD	ORS	034
* Julius V. Combs, MD	OBG	222
* Robert G. Combs, MD	GS	090
* Jacqueline R. Compton, MD	OBG	174
* Barton L. Comstock, MD	PD	026
* Christine H. Comstock, MD	R	174
* Howard C. Comstock, MD	PD	090
* Howard M. Comstock, MD	GS	158
* Lawrence A. Comstock, MD	FP	222
* Charles E. Conaway, MD	GP	110
* Donald P. Condit, MD	ORS	106
* Michelle M. Condon, MD	IM	106
* Gina M. Conflitti, MD	IM	222
* David E. Congdon, MD	PTH	062
* Douglas D. Congdon, DO	PTH	062
* Emma J. Conklin, MD	IM	222
* Michael K. Conley, MD	OBG	134
* William R. Conley, MD	FP	222
* Jerome W. Conn, MD	END	218
* P. J. Connaughton, MD	GS	170
* Edward D. Conner, MD	AN	114
* Brian A. Connolly, MD	P	174
* Paul J. Connolly, MD	GS	222
* Robert H. Connors, MD	PDS	106
* Alan J. Conrad, MD	FP	226
* Jerome A. Conrad, MD	ORS	142
* Maynard M. Conrad, MD	ORS	102
* Mary E. Conroy, MD	ORS	222
* Dion S. Consengco, MD	IM	098
* Elizabeth G. Consengco, MD	OBG	098
* Basil B. Considine, MD		126
* Louis L. Constan, MD	FP	190
* Diana M. Constance, MD	P	174
* Errikos L. Constant, MD	PS	090
* Abelardo G. Contreras, MD	N	174
* Gerald F. Conway, MD	U	174
* William A. Conway, MD	IM	222
* William S. Conway, MD	OPH	170
* Brian W. Cook, MD	EM	158
* Carla A. Cook, MD	TR	174
* Carlton L. Cook, MD	GP	114
* David A. Cook, MD	ON	022
* Frank W. Cook, MD	GS	062
* J. Maxwell Cook, MD	PH	090
* James C. Cook, MD	R	222
* John M. Cook, MD	OBG	054
* Ralph R. Cook, MD	OM	154
* Robin D. Cook, MD	EM	106
* Thomas J. Cook, MD	FP	014
* Valerie K. Cook, MD	PD	106
* David L. Cooke, MD	OPH	026
* Cory E. Cookingham, MD	PDA	062
* Cynthia L. Cookingham, MD	PD	174
* Franklin T. Cookingham, MD	AN	222
* Norton J. Cooksey, MD	IM	070
* John R. Cooley, MD	OBG	102
* Roy V. Cooley, MD	FP	174
* Joseph M. Coombs, MD	P	134
* Robert J. Coombs, DO	AN	014
* Norman E. Coon, MD	CLP	106
* Edmond L. Cooper, MD	OPH	174
* Joseph E. Cooper, MD	FP	214
* Paul F. Cooper, MD	GS	102
* Ralph R. Cooper, MD	IM	222
* Raymond Cooper, MD	OBG	162
* Richard F. Cooper, MD	R	218
* Robert S. Cooper, MD	PD	174
* Suzanne S. Cooper, MD	PD	098
* Theodore Cooper, MD	GS	102
* Thomas M. Cooper, MD	IM	222
* John W. Copenhaver, MD	DR	102
* Elizabeth A. Copland, MD	DR	218
* James W. Copping, MD	GS	194
* Arnold G. Coran, MD	PDS	218
* David P. Corbett, MD	R	222
* John V. Corbett, MD	ORS	126
* Jerome F. Cordes, MD	IM	090
* Jerome F. Cordes, Jr., MD	DR	090
* Roberto B. Cordoba, MD	TR	190

Cordoba

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Coriasso

* Louis B. Coriasso, MD	FP	062
Goldie Corneliussen, MD	PH	090
* Karen A. Cornell, MD	PD	162
* Diane S. Cornellier, MD	N	070
Frank L. Cornish, MD	P	102
* Maria Corondan, MD	GP	126
* Milagros A. Corpuz-Paneda	PTH	194
Susan M. Corrión		222
* Paul J. Corsi		222
* William A. Corsini, MD	GS	086
* Benedicto C. Cortez, MD	IM	222
Joseph A. Cortez, MD	GS	222
Vital E. Cortopassi, MD	OTO	190
Stanley A. Cosens, MD	GP	022
* Jose M. Cosio, MD	PTH	126
* Ralph J. Coskey, MD	D	174
* Frank I. Costa, MD	GP	158
* Maria B. Costa-Fox, MD	PTH	090
* Russell T. Costello, MD	U	026
Stephen D. Costello, MD	FP	222
John F. Cotant, MD	GS	222
* John F. Cotant, Jr., MD	CD	174
* Moises G. Coto, MD	IM	222
* David B. Cotton, MD	OBG	222
Edward Cotton, MD	FP	214
* Nancy Couch, MD	IM	222
* James I. Coughlin, MD	IM	174
* Eric W. Coulter		090
Robert W. Counts, MD	R	174
* Susan Courtage, MD	IM	058
* James T. Courtney, MD	GS	174
* N. Wam Courtney, MD	R	102
* Gary C. Courville, MD	IM	190
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* Wayne M. Couwenhoven, MD	IM	106
* John A. Couzens, MD	R	222
* Vivina C. Covacha-Rosal	OPH	174
* Richard M. Cover, MD	R	070
John S. Cowan, MD	IM	174
* Jon P. Cowan, MD	AN	106
* Mark D. Cowan, MD	IM	134
* William D. Cowan, MD	AN	162
* John W. Cowden, MD	OPH	222
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Robert L. Cowen, MD	U	222
* Clarissa C. Cowles, MD	OBG	174
* Clifford J. Cox, MD	OPH	062
* Edward O. Cox, MD	PD	106
* Morton S. Cox, MD	OPH	218
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Robert D. Coye, MD	PTH	222
* J. Michael Coyne, MD	PM	134
* David R. Cragg, MD	CD	222
* Brian M. Craig, MD	DR	222
* Charles P. Craig, MD	ID	218
* Curtis P. Craig, MD	FP	126
* Jean A. Craig, MD	OBG	106
* Joseph L. Craig, Jr.		222
* Marvin D. Craig, MD	OBG	158
Alan R. Crain, MD	ORS	222
* Ralph A. Cram, MD	FP	034
* Philip G. Cramer, MD	PUD	222
* Donald K. Crandall, MD	GS	162
* Linda L. Crandall, MD	PD	126
* Keith H. Crane, MD	IM	106
* Steven A. Crane, MD	IM	106
* Guy A. Crawford, MD	FP	098
* John W. Crawford, MD	GS	162
* Michael J. Crawford, MD	GP	106
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Kenneth R. Crawley, MD	GP	102
* Austin G. Craymer, MD	GP	138
Ray O. Creager, MD	OPH	102
John A. Cremer, MD	GS	106
Thomas A. Cresswell, MD	PS	190
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* Nelu Cristof, MD	OBG	222
* Raymond E. Croasdale, MD	OPH	102
* John C. Crockett, MD	R	090
* Paul D. Croissant, MD	NS	174
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Anne B. Cronick, MD	P	162

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Robert J. Crossen, MD	OPH	218
* Eduardo R. Crotte, MD	DR	102
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* William F. Crowley, MD	GS	078
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* Leon A. Crumley, MD	IM	222
* Victor M. Cruz, MD	P	222
Maria V. Cserhalmi, MD	GP	222
* Nicholas Csonka, MD	AN	022
* Sergio Q. Cuison, MD	AN	162
* Walter S. Cukrowski, MD	OPH	174
* Diane A. Culik, MD	FP	222
* Marc L. Cullen, MD	PS	222
* Paul A. Cullis, MD	N	222
* Hugh H. Culton, MD	PD	090
Dean T. Culver, MD	FP	030
* James C. Culver, MD	AN	062
* William C. Cunningham, DO	EM	106
* Victor Curatolo, MD	R	126
* Diana S. Curran		218
* Michael G. Curran		090
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* Philip J. Currie, MD	CD	218
Richard K. Currier, MD	FP	102
* Robert M. Currier, DO	OPH	014
* C. Arnold Curry, MD	HEM	222
* Michael J. Curtin, MD	AN	050
* Thomas F. Curtin, MD	FP	170
* Keith L. Curtis, MD	OBG	222
William P. Curtiss, MD	IM	126
* Joseph Cuschieri		222
* Frederick R. Cushing, MD	R	222
* Ralph D. Cushing, MD	ID	222
Paul L. Cusick, MD	OPH	222
Harry R. Custer, MD	GS	170
* Jeffrey C. Custer, MD	OBG	030
* Dominic A. Cusumano, MD	IM	126

* Robert I. Cutcher, MD	FP	202
Garnet C. Cutler, MD	IM	062
* William M. Cutler, MD	OPH	174
* Marshall N. Cyrilin, MD	OPH	174
* Gerald A. Cyrowski, MD	CD	222
* N. P. Czajkowski, MD	OPH	126
* Richard M. Czop, MD	FP	090

D

* Stephen P. D'Addario, MD	IM	126
* Alan A. D'Augustine, DO	AN	222
* Samir A. Dabbous, MD	IM	222
* Harris H. Dabideen, MD	GS	062
* Reza Dabir, MD	GS	222
* Hisham Dado, MD	IM	126
* Rajesh D. Dagli, MD	N	102
Doris E. Dahlstrom, MD	FP	102
* Bassam M. Dahman, MD	PDS	102
* Michael S. Dahn, MD	GS	222
* Francis M. Daignault, MD	P	222
* Douglas B. Daining, MD	PD	106
* Harold J. Daitch, MD	R	222
* Jay M. Daitch, MD	IM	222
* Martin H. Daitch, MD	OBG	222
* Kanu B. Dalal, MD	TR	194
* Sanjay P. Dalal, MD	IM	102
Mark Dale, MD	IM	126
* Robert E. Dale, MD	IM	174
* Mente F. Dalere, MD	PD	222
* Bruce E. Dall, MD	ORS	102
* Carlo A. Dall'Olmo, MD	GS	062
* Daniel P. Dall'Olmo, MD	R	070
* Laura K. Dallavecchia		222
* James H. Dallman, MD	P	162
* Stephen C. Dalm, DO	OBG	106
Byrne M. Daly, MD	GS	098

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* Asterisk beside name denotes AMA membership

Daly

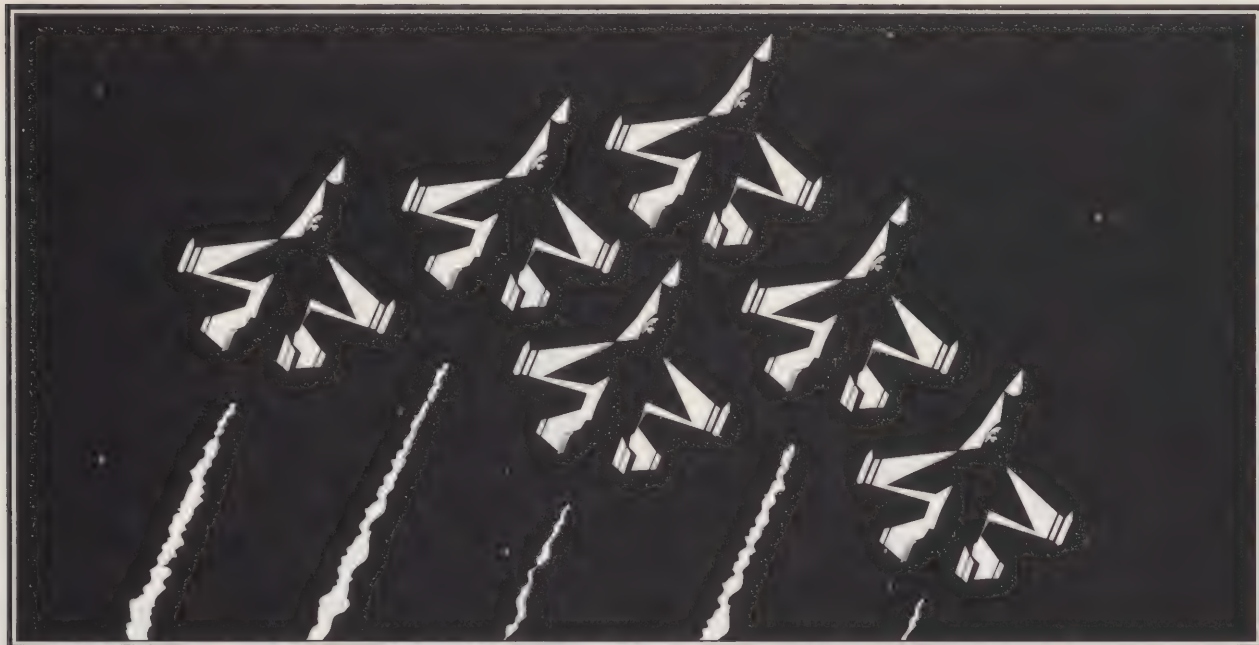
* Douglas C. Daly, MD	OBG	106
Eugene T. Daly, MD	GP	222
* Mary V. Daly, MD	IM	034
* Miriam S. Daly, MD	FP	034
* Farid A. Damian, MD	OBG	222
* John R. Damm, MD	FP	062
* Allen D. Damschroder, MD	ORS	170
* Thomas E. Damuth, MD	PUD	190
* Bernardo M. Danan, MD	GS	126
* Segundo C. Danao, MD	IM	194
* Jerry A. Dancik, MD	IM	174
* Giri R. Dandamudi, MD	PD	034
* Shyam S. Dandamudi, MD	IM	022
* Charles J. Daneke, MD	PM	070
* Irene S. Daneke, MD	ADL	070
* Steven J. Daneke, MD	PUD	134
* Saeed A. Daneshvar, MD	D	222
* Yousef Daneshvar, MD	IM	222
* William C. Daney, MD	EM	106
James C. Danforth, Jr., MD	FP	222
Robert D. Danforth, MD	FP	222
* Robert D. Danforth, MD	PTH	222
* Gilbert J. Daniel, MD	DR	082
* Shanthini A. Daniel, MD	PD	198
* Theodore A. Daniel, Jr.	PD	126
* Joseph Daniels, MD	P	106
* Henry G. Danielsky, MD	FP	094
* David A. Danley, MD	AN	222
* Leticia T. Dantes, MD	GP	190
* Bohdan Z. Danysh, MD	OBG	222
* George W. Danz, MD	OBG	222
* Joudat M. Daoud, MD	IM	030
* Patrick H. Daoust, MD	R	222
* Lisa K. Dapkis		218
* Gary F. Dardas, MD	IM	022
* Terry J. Dardas, MD	IM	022
Hamazasp B. Darian, MD	FP	126
* Vigen B. Darian, MD	PS	222
* Robert J. Darios, MD	FP	090
* Alison S. Dark, MD	IM	106
Jean H. Darling, MD	PD	174
* Deborah C. Darnley, MD	OPH	174
James D. Darnley, MD	N	174
* Arunava Das, MD	ORS	098
Kshitish C. Das, MD	P	162
Ishwar Dass, MD	ORS	062
* Ramsay F. Dass, MD	IM	174
Paul M. Dassel, MD	R	106
* Ghulam Dastgir, MD	OPH	098
* Thomas E. Daufenbach,	RHU	106
* G. D. Daugharty, MD	OBG	194
* Rahman J. Davaryar, MD	IM	222
* Harshavardhan D. Dave, MD	IM	222
* Bruce N. Davenport, MD	FP	090
Clyde P. Davenport, MD	FP	190
* David S. Davenport, MD	ID	102
* Kenneth A. Davenport, MD	ORS	134
* Marcia A. Davenport		090
* Patricia K. Davenport, DO	IM	090
Whitney David		222
* Brent N. Davidson, MD	OBG	174
Donald L. Davidson, MD	GP	066
* Robert C. Davidson, MD	IM	106
* William Davidson, DO	U	222
Barbara A. Davies, MD	PD	026
Marcine C. Davies, MD	IM	096
Windsor S. Davies, MD	OPH	222
Christie E. Davis, MD	PTH	138
* David M. Davis, MD	OTO	174
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* Fred N. Davis, MD	AN	106
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* Kristy Davis, DO	GP	198
* Lawrence O. Davis, MD	R	222
* Robert B. Davis, MD	DR	102
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* Ronald M. Davis, MD	GPM	090
Roy A. Davis, MD	GP	106
Thomas B. Davis, MD	AN	106
* William N. Davis, MD	IM	222
* Cheryl Davison, MD	ON	106
* Carmel L. Davy, MD	PTH	106
* Elvira M. Dawis, MD	PD	190
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* Philip L. Dawson, MD	IM	034
Ralph E. Dawson, MD	NS	062
William A. Dawson, MD	D	170
A. Jackson Day, MD	ORS	222
* Barbara A. Day, MD	P	118
* F. Thomas Day, MD	GS	222

* Francis T. Day, MD	GS	222
Ruth H. Day, MD	P	222
* Vehbi M. Dayioglu, MD	IM	222
* Richard C. Dayton, MD	GP	174
* Anthony De Bari, MD	ORS	190
* Arthur F. De Boer, MD	GS	186
* John A. De Bruin, MD	ORS	090
* Pedro R. De Castilla, MD	GS	086
* C. A. De Castro, MD	ORS	226
* Jeffrey H. De Claire, MD	ORS	174
* Cecilia B. De Cook, MD	FP	222
* Cassius A. De Flon, MD	P	174
* Oscar De Goa, MD	OBG	018
* Terry R. De Groot, MD	OTO	186
* Francisco L. De Guia, MD	GS	070
* Jose Q. De Guzman, MD	U	082
* James A. De Haan, MD	R	106
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* Alfredo P. De La Fe, MD	DR	090
* Jose P. de la Rosa, MD	IM	226
* Vincent R. De Las Alas, MD	AN	218
* Jonelle E. De Lawrence, MD	OBG	174
* Antonio R. De Leon, MD	GP	222
* Arsenio V. De Leon, Jr.	IM	126
* Eliezer R. De Leon, MD	IM	222
* Jack W. De Long, MD	OTO	186
* Michael D. De Long, MD	GS	030
* H. J. De Maagd, MD	EM	106
* Robert L. De Maagd, MD	ORS	106
* Lee J. De Meester, MD	PTH	186
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* William J. De Motts, MD	FP	114
* Luiz F. De Moura, MD	OTO	126
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* Dario C. De Paulis, MD	FP	126
Harold E. De Prec, MD	CD	102
* Annette G. De Santis, MD	PM	126
* Stephen P. De Silva, MD	ORS	222
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* Jose U. De Sousa, MD	N	222
John S. De Tar, MD	GP	218
* William J. De Torres, MD		222
Justo R. De Varona, MD	OBG	038
Leon De Vel, MD	PH	106
* H. Louis De Vito, MD	GP	174
* Carol G. De Vore, MD	IM	174
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* Daniel A. De Vries, MD	GS	106
John M. De Vries, MD	OBG	102
* Paul H. De Vries, MD	ORS	090
Peter J. De Vries, MD	GS	186
Marion S. De Weese, MD	GS	218
* Barry L. De Witt, MD	PTH	062
* Paul T. De Witt, Jr., MD	FP	018
* Stephen F. De Witt, MD	IM	222
Jess J. De Young, MD	GP	166
* Mark B. De Young, MD	FP	102
William A. De Young, MD	PTH	022
* George A. Dean, MD	FP	222
* Joel T. Dean, MD	GP	194
* Richard E. Dean, MD	GS	090
* Kory V. Deason, MD		058
* David A. Decker, MD	IM	174
* Walter M. Decker, MD	R	026
* William A. Decker, MD	P	102
* Bruce G. Deckinga, MD	GS	170
* Joseph L. DeCook, MD	OBG	186
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* Kenneth M. DeGraaf, MD	EM	106
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* Daniel T. Deguzman, MD	IM	222
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* Jeffrey S. Deitch, DO	FP	126
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* Peter A. Del Giudice, MD	AN	222
* C. C. Del Rosario, MD	IM	222
* Jose F. Del Rosario, MD	GS	158
Mario D. Del Valle, MD	EM	222
* Ricardo B. Dela Cruz, MD	IM	202
* Theodore C. Dela Cruz, MD	NS	090
* Fanny A. Dela-Cruz, MD	PS	174
* Aurora G. Delacruz, MD	PD	222

Stella M. Delaini, MD	OBG	222
Malcolm J. Delaney, MD	EM	174
* James W. Delavan, MD	TS	106
Betty J. DeLawrence, MD	GP	222
* Jacob B. Delevie, MD	OPH	174
* Dan C. Deligianis, MD	OPH	194
* Lawrence M. Dell, MD	IM	222
* Thomas A. Dell, MD	IM	218
* Robert C. Dell Angelo, MD	OPH	134
* Richard M. Delnay, MD	U	018
* Robert A. Delp, MD	OBG	174
* Michael L. Demars, MD	GP	174
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John D. Demay, MD	GP	098
* Robert R. Dembosky, MD	IM	194
* Rose H. Demczuk, MD	P	222
* Michael R. Demers, MD	ORS	222
* Raymond Y. Demers, MD	FP	222
* K. Demetropoulos, MD	R	222
* George T. Demian, MD	AN	222
* Steven S. Demos, MD	TS	162
* John D. Demott, Jr., MD	DR	186
* James P. Dempsey, MD	EM	030
* John G. Den Hartog, MD	GS	018
* Willard D. Den Houter, MD	IM	218
Willard D. Den Houter, MD	GP	218
* Vernon E. Dencklau, DO	GS	194
Nan Denholm-Wolcott, MD	OBG	062
* Roberto O. Denis, MD	OBG	222
* Philip R. Dennis, MD	GS	134
* John D. Denzin, MD	ORS	218
E. D. Deocampo, MD	AN	126
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* Kuldip S. Deogun, MD	AN	174
* Kelly L. Depew		222
* Don A. Dephouse, MD	OPH	186
* Gunter Deppe, MD	OBG	222
* Barbara J. Depree, MD	OBG	186
* Peter H. Deridder, MD	GE	174
* Jack O. Derks, MD	FP	186
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* Frank N. Derr, MD	OPH	174
J. William Derr, MD	GS	174
* C. F. Derrick, MD	OTO	222
* Norma C. Derro, MD	PD	222
* William H. Dery, MD	FP	154
* Yvon J. Des Roberts, MD	OBG	222
* Avinash D. Desai, MD	IM	174
* Bipin P. Desai, MD	PD	118
* Hemangini A. Desai, MD	IM	174
* Piyush K. Desai, MD	AN	222
* Praful C. Desai, MD	R	154
* Rajendra B. Desai, MD	PD	222
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Shobhana R. Desai, MD	IM	126
Sudhir L. Desai, MD	IM	034
* Angela D. Desantis, MD		222
* Bruce R. Deschere, MD	FP	174
* William P. Deschner, MD	CDS	218
* Louise Desgranges, MD	P	062
* Gail A. DesNoyers, MD	OBG	142
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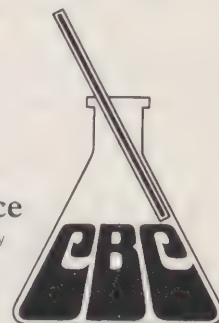
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* Abdelkader H. Fares, MD	IM	222
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* David J. Forsythe, MD	P	034
* Gregory J. Fortin, MD	GS	062
Silvio P. Fortino, MD	GP	090
* James A. Fortune, MD	FP	126
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* Laura A. Fox-Smith, MD	FP	126
John P. Foxworthy, MD	PD	106
* Michael L. Foze, MD	AN	222
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* Allan D. Fraiberg, MD	R	174
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C. Jackson France, MD	GS	222
* John E. Francis, MD	IM	102
* James M. Franck, MD	FP	066
John R. Franck, MD	GP	066
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* Rey A. Franco, MD	IM	095
Philip H. Frandsen, MD	GS	162
* Jeffrey H. Frank, MD	OBG	106
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Armin T. Franke, MD	IM	194
* Maurice Frankel, MD	GS	222
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* Roman Franklin, MD	IM	174
* John D. Franks, MD	OBG	095
* Anne C. Frantz, MD	OBG	174
* Phillip F. Frantzis, MD	GS	098
* David R. Franzblau, MD	P	114
Nils A. Franzen, MD	GP	222
Reginald A. Frary, MD	OPH	158
G. C. Frederickson, MD	AN	222
* Robert S. Fredrick, MD	FP	162

Fredrick

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Fredrickson

* Mark A. Fredrickson, MD	FP	106
Harry W. Free, MD	OBG	222
* David L. Freedman, MD	FP	218
* Michael J. Freedman, MD	P	222
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* Richard F. Freeman, MD	GS	222
* S. Gay Freeman, MD	FP	096
* James A. Freer, MD	EM	174
* A. O. Fregene, MD	RO	222
* Reed K. Freidinger, MD	IM	170
Duane T. Freier, MD	GS	102
Morton L. Freier, MD	P	222
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* Janet L. Frey, MD	R	026
* Harold D. Friedl, MD	CRS	102
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Sidney Friedlaender, MD	AI	174
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David Friedman, MD	PM	222
* Gerald A. Friedman, MD	IM	102
Herbert F. Friedman, MD	IM	126
* Howard P. Friedman, MD	OS	174
* Leon Friedman, MD	CD	062
Morris E. Friedman, MD	GP	026
* Neil A. Friedman, MD	PM	062
* Paul B. Friedman, MD	GS	222
* Phillip I. Friedman, MD	NS	174
* Vidor E. Friedman, MD	EM	090
Melvin J. Frieswyk, MD	GP	186
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* Timothy D. Fritz, MD	CD	106
Moses M. Frohlich, MD	P	218
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* Donald S. Frost, MD	OBG	070
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* James H. Frye, MD	FP	154
* Sanders A. Frye, MD	AN	170
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* Alice I. Gale, MD	D	090
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* Navora Gapas-Cuison, MD	AN	162
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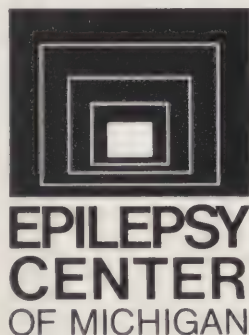
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* Hesham E. Gayar, MD	RO	062
* Carlos B. Gayles, MD	GS	126
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* Lionel P. Glass, MD	N	174
* John L. Gleeson, MD	GS	094
James R. Glessner, Jr., MD	ORS	106
* Cathy L. Glick, MD	CD	098
* Cynthia L. Glines, MD	PUD	070
* Jay H. Globerson, MD	AN	174
* Philip R. Glotfelter, MD	GS	034
* John L. Glover, MD	GS	174
John R. Glover, Sr., MD	ORS	222
Ben F. Glowacki, MD	OPH	222
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* Adrian T. S. Go, MD	IM	222
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* Henri Godbold		222
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* Alegro J. Godley, MD	IM	222
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* Dorothy M. Goerner, MD	PH	174
Bruce D. Goethe, MD	DR	102
* Mark J. Goethe, MD	ORS	154
* Roy M. Goethe, MD	PD	154

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Alphabetical Listing of MSMS Members

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Rudolf Goetz, MD	OBG	062
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* Neal W. Gogan, MD	EM	034
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Nurettin B. Gokcora, MD	IM	174
* Ben L. Gold, MD	A	218
* Alan P. Goldberg, MD	IM	062
* Darryl T. Goldberg, MD	OPH	174
* Howard S. Goldberg, MD	IM	174
* Salomea Goldberg, MD	P	106
* Scot F. Goldberg, MD	IM	126
* Robert Goldberger, MD	AN	106
Evelyn V. Golden, MD	PH	062
* John T. Golden, MD	IM	222
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* Paul A. Goldshlack, DO	CD	090
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* Steven H. Gollish, MD	GS	096
* Millard R. Golusin, MD	OBG	174
* Arvinda R. Goltwala, MD	AN	222
* Ramanlal M. Goltwala, MD	GS	222
* Richard J. Goltz, MD	PD	162
* Fernando C. Gomez, MD	PTH	222
* Jorge Gomez, MD	PS	090
* Jorge I. Gomez-Rayon, MD	FP	106
* Edward Gomez-Seoane, MD	IM	062
Romuald H. Gornley, MD	R	222
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Samuel B. Goss, MD	GP	222
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* William H. Graves, MD	PD	218
* Denise G. Gray, MD	R	222
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* Lynn S. Gray, MD	FP	026
* Martha L. Gray, MD	IM	218
* Anthony F. Graziano, MD	EM	106
Cornell Greavu, MD	GP	110
* Michael C. Grebner, MD	FP	098
* Alex J. Green, MD	PTH	174
Barbara G. Green, MD	OBG	026
Edward W. Green, MD	PDC	222
Harold E. Green, MD	PTH	034
* Henry L. Green, MD	IM	222
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* M. Sean Green		090
* Milton M. Green, MD	ORS	222
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* James M. Greenwood, MD	GP	070
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Gertrude B. Gregory, MD	OM	126
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* Jonathan M. Gregory, MD	IM	070
Louis J. Gregory, MD	GS	222
George H. Greidinger, MD	PTH	062
* Fredk C. Greiling, MD	CHP	194

John N. Grekin, MD	D	174
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Norman A. Gremel, MD	R	102
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* Elizabeth A. Gresh, MD	OM	154
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* Oliver D. Grin, MD	NS	106
* Emerich Grinbaum, MD	FP	062
* Scott H. Grindel		090
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* Michael A. Grishkoff, MD	IM	174
* Kenneth J. Gritter, MD	DR	106
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* Mary Ann Grobbel, MD	PTH	106
* E. C. Grochowski, MD	NEP	102
* Jack R. Grommons, MD	PM	062
Julie A. Gronck		090
* Frederick J. Grose, MD	FP	174
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* Barry H. Gross, MD	DR	222
* Martin L. Gross, MD	DR	222
* Nathan L. Gross, MD	PM	222
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* David M. Grossman, MD	PTH	222
* H. Barton Grossman, MD	U	218
* Michael S. Grossman, MD	FP	134
Solomon Grossman, MD	P	174
* Neil E. Grossnickle, MD	GP	204
* James M. Grost, MD	FP	090
* Glenn R. Groustra, MD	P	218
James H. Grove, MD	R	026
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James M. Grubka, DDS		034
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* R. A. Gruesen, Jr., MD	GS	050
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* Ellen K. Gryniawicz, MD	FP	218
* Bernard C. Grysens, MD	EM	090
* Lovell I. Guanco, MD	P	126
* Vincent T. Guarnaccia, MD	GS	090
* Rao V. C. Gudipati, MD	IM	190
* Frederick C. Guenther, MD	OBG	142
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* Valerie Guemsey, DO	P	222
* Augustus L. Guerrero, MD	PM	202
* Levi L. Guerrero, MD	PTH	202
* Omar Guevara, MD	IM	222
* Walter Guevara, MD	P	126
* Nicanor M. Guevarra, MD	IM	126
* Hernan L. Guiang, MD	IM	162
* Charles A. Guidot, Jr., MD	DR	190
* Robert A. Guild, DO	AN	094
* Peregrino A. Guillen, MD	AN	194
* Mounir F. Guindi, MD	GS	222
* Sami F. Guindi, MD	OBG	222
* Rajesh C. Gulati, MD	IM	222
Arthur E. Gulick, MD	D	222
* Arthur W. Gulick, MD	D	218
* Ramabrahman Gullapalli, MD	AN	174
* Edwin H. Gullekson, MD	FP	062
* Kenneth B. Gum, MD	OPH	070
* Charles R. Gumpfer, MD	FP	062
* Ramasami S. Gunabalan, MD	NM	174
* N. Ravi Gunawardene, MD	PD	034
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* Paul T. Gunderson, MD	PD	130
* Sivaji Gundlapalli, MD	IM	194
* James A. Gunn, MD	R	106
Robert E. Gunning, MD	U	106
* Nestor M. Guno, MD	GS	150
* Anil Gupta, MD	GE	222
* Arun Gupta, MD	FP	158

Gupta

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Gupta

* Ashok K. Gupta, MD	IM	222
* Ashok K. Gupta, MD	IM	090
* Bal K. Gupta, MD	P	222
* Madan Lal Gupta, MD	PD	222
* Narsingh D. Gupta, MD	IM	222
* Pratap C. Gupta, MD	N	134
* Raj Kumar Gupta, MD	PS	222
* Satish K. Gupta, MD	AI	090
* Sham L. Gupta, MD	GS	222
* Suresh C. Gupta, MD	IM	062
* Vashna Gupta, MD	IM	222
* Veena O. Gupta, MD	PM	174
Elizabeth A. Gurden, MD	GP	206
* Gary G. Gurden, MD	N	162
* Feridun M. Gurol, MD	FP	174
* Eti Gursel, MD	GS	222
Eugenia E. Gurskis, MD	OBG	222
* Lalitha G. Gurnadham, MD	PTH	226
* Colette A. Gushurst, MD	PD	102
* Thomas P. Gushurst, MD	GE	102
* David C. Gustafson, MD	OBG	174
* Eric K. Gustafson, MD	FP	106
* Margaret E. Gustafson, MD	OBG	138
* Carlos F. Gutierrez, MD	EM	218
* Miguel R. Gutierrez, MD	CD	222
Rene S. Gutierrez, MD	FP	190
Benjamin R. Gutow, MD	A	222
Julius J. Gutow, MD	FP	062
* Karol A. Gutowski		090
* Eric R. Gutscher, MD	IM	062
* Charles A. Guy, MD	OBG	222
* Dan G. Guyer, MD	P	126
* Daniel R. Guyot, MD	R	222
* Brian V. Guz, MD	U	222
* Belen C. Guzman, MD	PD	222
* Henry V. Guzzo, MD	GP	038
* Gail D. Gwizdala, MD	IM	174

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Mark Haan		222
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* Gabriel P. Haas, MD	U	222
* Michael Haas, MD	FP	222
* Manuel B. Hababag, MD	FP	126
* Adnan R. Habbal, MD	R	222
* Darko M. Habekovic, MD	OBG	222
* Herald A. Habenicht, MD	AI	026
Hilda A. Habenicht, MD	FP	098
* Halim D. Haber, MD	AN	222
Charles R. Haberlein, MD	OBG	070
* Eyassu Habte-Gabr, MD	IM	062
Donald W. Hack, MD	R	162
Thomas L. Hackett, MD	GP	098
* Richard D. Hackley, MD	GP	062
* Benjamin F. Haddad, MD	NS	222
* Daniel S. Haddad, MD	OPH	222
Elias D. Haddad, MD	IM	222
* Georges K. Haddad, MD	CDS	222
* Inad Haddad, MD	IM	114
* Jiries T. Haddad, MD	PD	222
* Shaker H. Haddad, MD	PD	222
Douglas A. Haddock, MD	FP	102
* Steven P. Hadesman, MD	IM	222
William Haack, MD	GS	106
Leslie P. Haelele, MD	GP	222
* Carl R. Haeger, MD	IM	222
* Musa S. Haffajee, MD	PS	062
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* Thomas K. Hafford		222
* Richard S. Hagerberg, MD	GS	170
* Nancy L. Hager, MD	P	010
* Herbert H. Hagermoser, MD	OBG	222
F. Howard Hague, MD	GP	042
Gilbert W. Hague, MD	AN	174
* Myung H. Hahn, MD	IM	090
* Otto H. Hahne, MD	IM	126
* Mahmood A. Hai, MD	U	222
* Marc G. Haidle, MD	R	106
Berj H. Haidostian, MD	OBG	222
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* L'Tanya A. Haith, MD	PD	222

Kavita Hajela		222
* Ahmad Hakemi, MD	IM	095
* Manijeh Hakimi, MD	PTH	174
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* Robert M. Hall, MD	U	070
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William N. Hall, MD	GPM	090
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* Victor L. Halmaghi, MD	OBG	174
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* Alfred Hamady, MD	PD	034
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Joel I. Hamburger, MD	IM	174
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Herbert E. Hamel, MD	GP	042
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* Lowell G. Hamel, MD	FP	026
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* Melissa Hamp, MD	PD	062
* William B. Hampton, MD	IM	042
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* Vickers C. Hansen, MD	ORS	130
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* Steven D. Harrington, MD	CDS	222
* Anthony F. Harris, MD	IM	222
Bernard J. Harris, MD	ORS	062
* Clinton J. Harris, MD	IM	106
* Daniel E. Harris, MD	DR	222
* Donald R. Harris, MD	IM	062
* George P. Harris, MD	R	190
* Harcourt G. Harris, MD	IM	222
Herbert W. Harris, MD	ORS	090
Michael A. Harris, MD	IM	222
Muriel B. Harris, MD	P	222
Paul Harris		222
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* Thomas D. Harris, MD	D	098
* W. Richard Harris, MD	FP	162
* Cassandra C. Harrison, MD	IM	102
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* William A. Harrity, MD	GS	222
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Gordon R. Harrod, MD	FP	090
* Mark W. Harrold, MD	U	090
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* Safiul F. Hasan, MD	IM	174
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* Ken Hashimoto, MD	D	222
* Abdul A. Hassan, MD	GS	062
* Ahmed A. Hassan, MD	GP	194
* Fikria B. Hassan, MD	PD	062
* Shawky A. Hassan, MD	PDA	062
* Tawfiq A. Hassan, MD	GS	222
Walter W. Hassig, MD	FP	222
* William T. Hassig, MD	FP	222
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Hastings

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Orville J. Hastings, MD	GP	222
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* Daniel H. Havlicek, MD	ID	090
* Abdelkader Al Hawasli, MD	GS	222
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* Lawrence S. Hawkins, MD	FP	018
* Lee W. Hawkins, MD	IM	070
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Chauncey J. Hipps, MD	PS	174
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D. Bonta Hiscoe, MD	GS	090
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Donald V. Hobbs, MD	OBG	222
* Raymond D. Hobbs, MD	IM	030
* Douglas E. Hoch, MD	IM	162
Frederic L. Hoch, MD	OS	218
* Solomon R. Hochbaum, MD	EM	174
* Jacques L. Hochglaupe, MD	D	090
* Leon A. Hochman, MD	OBG	174
* Victor Hochman, MD	PD	014
* Raymond L. Hockstad, MD	FP	050
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* Abraham A. Hodor, MD	OBG	222
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* Rekha J. Hodarkar, MD	AN	222
* Mark B. Hoddinott, MD	PTH	062
* Jonathan E. Hodes, MD	NS	222
Jason Hodges, MD	GP	222
* Ralph M. Hodges, MD	GP	102
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Charles P. Hodgkinson, MD	OBG	222
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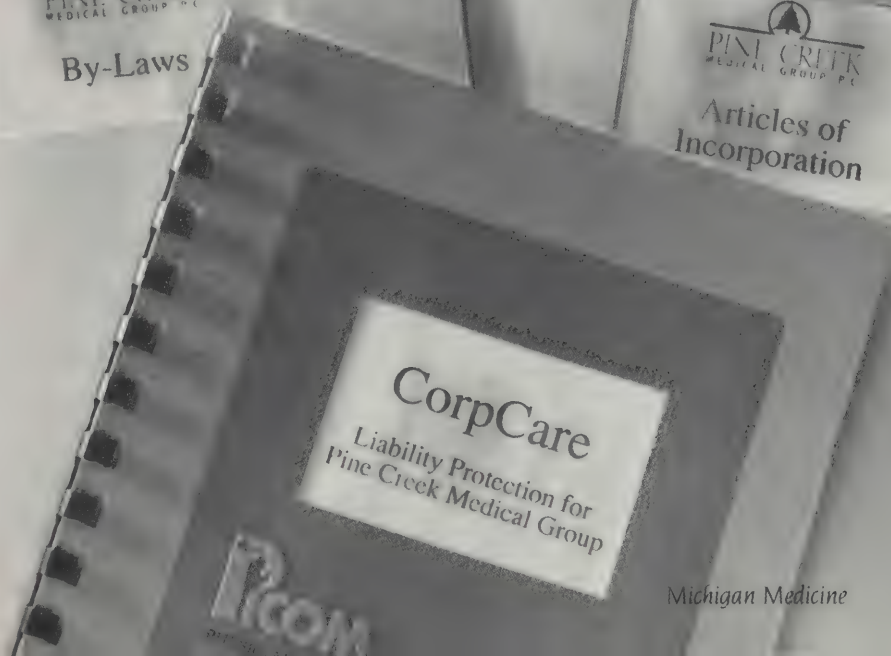
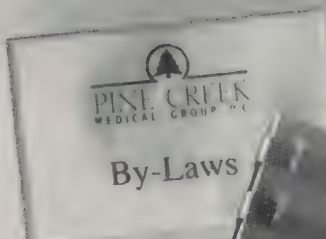
Hodgman

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* Asterisk beside name denotes AMA membership

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* Ronald A. Hoekman, MD	ORS	106
* Herman D. Hoeksema, MD	ORS	162
* Marc A. Hoeksema		222
* Carolyn D. Hoekstra, MD	OBG	034
* Dale V. Hoekstra, MD	ORS	174
* George J. Hoekstra, MD	FP	102
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* Timothy C. Hoekstra, MD	OBG	034
* Allan C. Hoekzema, MD	ORS	106
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Milton C. Hoffman, MD	TS	222
Stanley L. Hoffman, MD	FP	118
* Thomas M. Hoffman, MD	FP	018
* Martin F. Hoffmann, MD	FP	214
Sandra J. Hoffmann, MD	IM	102
Albertus J. Hoffs, MD	AN	106
* Ronald M. Hofman, MD	PD	106
John R. Hofstra, MD	AN	206
* R. Edward Hogg, MD	EM	070
Raymond E. Hogg, MD	OPH	090
Russell J. Holcomb, MD	GP	194
* Michael E. Holda, MD	ORS	118
Benjamin B. Holder, MD	OM	154
Charles F. Holland, MD	AN	090
* Frederick R. Holland, MD	GP	154
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* Werner Hollstein, MD	FP	090
Leland E. Holly, II, MD	R	162
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* C. Jeffrey Holmes, MD	FP	074
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* Barbara M. Hooberman, MD	OBG	218
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* James Hood, MD	IM	154
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Virgil R. Hooper, MD	AN	062
* Andrew J. Hopkins, MD	FP	222
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* Pochana Hoprasart, MD	OBG	222
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* J. Christopher Hough, MD	FP	154
* Joseph H. Hough, MD	FP	096
* Joseph A. Houle, MD	PTH	014
* Michael R. Hourani, MD	IM	090
* Ashley L. House		090
Glenn W. House, MD	GP	094
* Robert J. House, MD	FP	062
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* George P. Inge, MD	P	222
* John A. Ingold, MD	GS	174
* Charles N. Inniss, MD	PD	222
* Filemon J. Inocencio, MD	GS	026
* Norma M. Inocencio, MD	PD	222
* Susumu Inoue, MD	PHO	062
* Allan L. Ippolito, MD	CDS	062
* Syed N. Iqbal, MD	PM	222
* Zafar Iqbal, MD	GS	094
* Teodorico S. Ira, MD	GS	102
* Edwin R. Irgens, MD	OTO	026
* Lawrence R. Irish, MD	R	062
* James R. Irwin, MD	OBG	106
* Jerry L. Irwin, MD	U	106
* Ronald B. Irwin, MD	ORS	174
* William A. Irwin, MD	R	222
* Eli M. Isaacs, MD	OBG	126
* Fred W. Isaacs, Jr., MD	IM	090
* Jo D. Isaacson, MD	OPH	222
* Nelson B. Isada, MD	IM	222
* Fathy F. Ishac, MD	P	222
* George H. Ishler, MD	PTH	102
* Elsa A. Isip, MD	GP	222
* Abul F. Islam, MD	IM	022
* Ronald E. Isley, MD	IM	114
* Ali Ismailoglu, MD	IM	034
* Kenneth Israel, MD	P	222
* Mark D. Israel, MD	PD	090
* Michael R. Israel, MD	GS	222
* Robert N. Israel, M	FP	098
* Saib Isterabadi, MD	TS	202
* Salah Itani, MD	A	222
* Rosario Itchon, MD	PD	126
* Eric J. Ittner, MD	FP	134
* Martin J. Ittner, MD	FP	154
* Omero S. Iung, MD	GS	090
* Orestes D. Iung, MD	IM	062
* Nicholas J. Ivan, MD	ORS	154
* Deborah A. Iverson, MD	OPH	222
* James E. Ives, MD	ORS	106
* Paul H. Izenberg, MD	PS	218

J

* Mary Ellen Jachec, MD	IM	102
* Avery M. Jackson, III		222
* Doug Jackson, MD	FP	170
* Douglas R. Jackson, MD	ORS	154
* Edward A. Jackson, MD	FP	190
* Franklin R. Jackson, MD	GS	222
* Ian T. Jackson, MD	PS	174
* James L. Jackson, MD	OPH	154
* Leroy T. Jackson, MD	IM	062
* M. David Jackson, MD	PM	222
* Nancy E. Jackson, MD	IM	222
* Nicole M. Jackson		222
* Philip J. Jackson, MD	PD	174
* Robert J. Jackson, MD	FP	222
* Mary L. Jackson-Hammond	OM	174
* H. John Jacob, MD	OTO	174
* Joseph S. Jacob, MD	PYA	218
* S. Sprigg Jacob, MD	PD	090
* John M. Jacobowitz, MD	GP	102
* Donald J. Jacobs, MD	FP	054
* Howard Jacobs, MD	U	222
* James P. Jacobs, MD	OBG	102
* John R. Jacobs, MD	OTO	222
* Lloyd A. Jacobs, MD	GS	222
* Manuel Jacobs, MD	OBG	126
* Randall S. Jacobs, MD	GE	174
* Donald M. Jacobson, MD	P	206
* Dorene E. Jacobson, MD	OBG	190
* Lyle F. Jacobson, MD	GS	174
* Michael T. Jacobson, MD	FP	190
* Wayne N. Jacobus, MD	OBG	222
* Michael Jacoby, MD	DR	186
* J. R. Jaconette, MD	R	034
* Walter W. Jacquemin, MD	EM	014
* James E. Jacques, MD	FP	095
* Frederick P. Jaeklein, MD	IM	134
* Robert G. Jaedecke, MD	GS	134

* Salam A. Jafar, MD	R	218
* Donald J. Jaffar, MD	U	222
* Harold W. Jaffe, MD	PS	222
* Martin D. Jaffe, MD	IM	022
* Jean A. Jaffke		222
* Mohammad S. Jafri, MD	IM	222
* Kothegala Jagadish, MD	OBG	162
* Balkrishna Jagdale, MD	ORS	222
* Raymond J. Jaglowski, MD	FP	106
* Nanette J. Jagnow, MD	PD	174
* Neil Jahan, MD	EM	222
* Scott R. Jahnke, DO	FP	090
* Ashok B. Jain, MD	R	222
* Jitender K. Jain, MD	IM	222
* Krishna M. Jain, MD	CDS	102
* Paul J. Jakubiak, MD	NS	090
* Ronald J. Jakubiak, MD	NS	090
* Michael S. Jakubowski, MD	PM	106
* Syed M. Jalil, MD	GS	222
* Hildegard T. Jamerson, MD	PD	070
* Allen James, Jr., MD	IM	222
* Arthur R. James, MD	OBG	102
* Janice B. James, MD	PD	102
* Robert E. James, MD	FP	062
* Robert E. James, MD	PD	174
* Thomas P. James, MD	R	174
* Fred M. Jameson, MD	IM	106
* Joseph C. Jameson, MD	GS	042
* Robert S. Jampel, MD	OPH	222
* Marieta Jamssek-Tehlirian	P	174
* David H. Janda, MD	ORS	218
* Majed Jandali, MD	GS	142
* Ellen A. Janetzke		222
* Peter K. Janevski, MD	HS	222
* Natalia J. Janicki, MD	P	222
* Edward G. Jankowski, MD	OTO	222
* Richard Jankowski, MD	DR	022
* Sigurds Janners, MD	IM	082
* Farid Jano, MD	U	174
* Vicha Janviriyi, MD	GS	222
* Walter J. Jaracz, MD	GS	106
* Robert E. Jardincio, MD	OPH	190
* Frederick L. Jardon, MD	OPH	174
* Olan Jareunpoon, MD	GS	222
* Robert W. Jaraka, MD	ORS	106
* Rudolph M. Jarvi, MD	PD	190
* Joel J. Jarvis, MD	FP	162
* Robert W. Jasinski, MD	R	186
* Teresa J. Jaszczak, MD	IM	222
* Muhammad F. Javaid, MD	IM	158
* Eileen D. Javellana		222
* Eronico P. Javellana, MD	GP	086
* Lazaro E. Javier, MD	PD	202
* Rafael A. Javier, MD	IM	090
* Jane J. Jawahir, MD	OBG	106
* Vivian P. Jawahir, MD	GS	106
* V. Jayabalan, MD	NM	062
* Thienchai Jayasvasti, MD	R	106
* Tikee C. Jayasvasti		090
* Stephen E. Jeffers, MD	IM	102
* Deborah O. Jeffries, MD	R	218
* Edward S. Jeffries, MD	ORS	222
* Richard T. Jefson, MD	GS	102
* Russel D. Jelsema, MD	OBG	222
* William Jend, Jr., MD	OM	222
* Joseph G. Jender, MD	PD	218
* Barbara J. Jenkins, MD	PTH	222
* Jeffrey M. Jennings, MD	IM	174
* Larry E. Jennings, MD	FP	098
* Peter J. Jennings	FP	090
* Thomas J. Jennings, MD	OPH	026
* Douglas R. Jensen, MD	OTO	106
* Karen L. Jensen		090
* Paul L. Jensen, MD	PS	134
* Viggo W. Jensen, MD	P	222
* Brandi M. Jenson, MD	PD	222
* Ronald L. Jenson, MD	FP	190
* In S. Jeon, MD	AN	126
* Christine M. Jerpbak, MD	FP	222
* Robert M. Jesson, MD	OBG	162
* Charles E. Jessup, DO	EM	190
* Gary E. Jett, MD	PM	222
* Hoon K. Jeung, MD	GS	210
* William H. Jevons, MD	OBG	222
* James H. Jewell, MD	OBG	126
* Marvin R. Jewell, MD	AN	222
* Dennis A. Jewett, MD	N	102
* Wadi J. Jibrail, MD	GP	026
* Manuel C. Jimenez, MD	PTH	090
* Ronald R. Joannette, MD	OBG	130

* Loyal W. Jodar, MD	ORS	170
* Annette I. Joe, MD	DR	174
* Kyung H. Joe, MD	IM	222
* William A. Joerin, MD	AN	098
* Harold E. Joh, MD	P	222
* Michael M. Joh, MD	NM	222
* Frederick A. Johansen, MD	PD	026
* Benjamin John, MD	IM	194
* Geetha V. John, MD	PD	222
* Janet F. Johns, MD	PD	106
* Aran S. Johnson, MD	CD	222
* Arthur J. Johnson, MD	U	222
* Calvin Johnson, MD	OBS	222
* Carolyn E. Johnson, MD	PD	222
* Charles C. Johnson, DO	FP	150
* David B. Johnson, MD	U	090
* David K. Johnson, MD	U	090
* Donald F. Johnson, MD	PD	102
* Douglas A. Johnson, MD	GS	166
* Edward N. Johnson, MD	FP	042
* Frank D. Johnson, MD	OPH	096
* Gage Johnson, MD	OBG	222
* Garfield Johnson, MD	OBG	174
* Gary A. Johnson, MD	OPH	190
* Gary K. Johnson, MD	PD	062
* Gregory W. Johnson, MD	GS	106
* Harold C. Johnson, MD	AN	102
* J. Frederic Johnson, MD	GP	174
* James K. Johnson, MD	OTO	222
* James M. Johnson, MD	EM	150
* James W. Johnson, MD	CHP	174
* Jeffrey R. Johnson, MD	GS	090
* Joel A. Johnson, MD	TS	134
* John B. Johnson, MD	FP	190
* Jon W. Johnson		090
* Joseph E. Johnson, III, MD	IM	218
* Karen D. Johnson		222
* Lanny L. Johnson, MD	ORS	090
* Marcia A. Johnson, MD	RHU	222
* Mark W. Johnson, MD	OPH	218
* Mary M. Johnson, MD	IM	026
* Mary Z. Johnson, MD	OBG	218
* Melvin H. Johnson, MD	R	034
* Michael A. Johnson, MD	OPH	162
* Milo L. Johnson, MD	R	090
* Pamela D. Johnson, MD	GS	174
* Randall M. Johnson, MD	PH	134
* Richard S. Johnson, MD	OBG	090
* Robert B. Johnson, MD	FP	074
* Robert C. Johnson, MD	IM	070
* Robert D. Johnson, MD	END	106
* Robert F. Johnson, MD	IM	106
* Robert H. Johnson, MD	OBG	174
* Steven W. Johnson, MD	OBG	070
* Thomas D. Johnson, MD	IM	222
* Thomas W. Johnson, MD	OBG	154
* Tom M. Johnson, MD	IM	090
* Verne E. Johnson, MD	ORS	222
* Virginia L. Johnson, MD	FP	218
* Wallace E. Johnson, MD	ORS	222
* Wendi A. Johnson		222
* Charles C. Johnston, MD	EM	062
* Daniel W. Johnston, MD	AN	106
* Everett H. Johnston, MD	R	162
* Glen A. Johnston, MD	PTH	222
* James D. Johnston, MD	PD	070
* Judd C. Johnston, MD	PTH	134
* William H. Johnston, MD	OPH	026
* William L. Johnston, MD	GS	106
* John M. Joliat, MD	IM	174
* Cecil R. Jonas, MD	OBG	222
* Alan S. Jones, MD	PD	106
* Bruce A. Jones, MD	PTH	222
* Bruce A. Jones, MD	IM	026
* Cornell V. Jones, MD	P	222
* Cyril D. Jones, MD	P	174
* Don P. Jones, MD	OM	222
* Edward A. Jones, MD	IM	106
* G. Richard Jones, MD	ORS	222
* Haven E. Jones, MD	ORS	106
* Jay H. Jones, MD	PM	070
* Jeffrey M. Jones, MD	N	034
* John P. Jones, MD	PTH	090
* June B. Jones, MD	IM	222
* Kathleen E. Jones, MD	FP	190
* Lester C. Jones, MD	IM	090
* Lloyd C. Jones, MD	OBG	098
* M. Culver Jones, MD	GP	022
* Margaret E. Jones, MD	PTH	090
* Martin F. Jones, MD	NEP	090

Jones

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Jones

* Raymond N. Jones, MD	GS	222
* Robert N. Jones, MD	TS	190
* Thomas I. Jones, MD	ON	090
* Tyre K. Jones, MD	R	022
William J. Jones, MD	PD	222
William S. Jones, Jr., MD	OTO	146
* Robert H. Jongeward, Jr.	DR	102
* David Jonnalagadda, MD	IM	174
* Brian C. Joondeph, MD	OPH	222
* Howard C. Joondeph, MD	OPH	222
* Thad H. Joos, MD	PDA	222
* Franz W. Jordan, MD	GP	190
* Kenneth A. Jordan, MD	IM	062
* William L. Jordan, MD	OBG	174
* Soren L. Jorgensen, MD	PD	174
Antoine Joseph, MD	IM	174
* Celestine M. Joseph, MD	OBG	062
* Craig M. Joseph		222
* Daniel D. Joseph, MD	GP	130
* David L. Joseph, MD	OTO	090
* Japhet G. Joseph, MD	CD	022
* Jill G. Joseph, PHD		090
* Julian I. Joseph, MD	PTH	106
* Khattab M. Joseph, MD	GS	194
* Ramon R. Joseph, MD	IM	222
* Richard A. Joseph, MD	IM	222
* Sydney Joseph, MD	P	218
* Daya P. Joshi, MD	U	222
Bill Jou		222
* John F. Jovanovich, MD	IM	174
* Dennis M. Joy, MD	FP	170
* Kathleen M. Joyce, MD	AN	222
* Robert L. Joynt, MD	PM	062
* Myron H. Joyrich, MD	R	222
* Richard N. Joyrich, MD	R	106
* Andre V. Jubert, MD	GS	106

Alvin E. Judd, MD	FP	062
* Don R. Judd, MD	OPH	186
* Francis P. Judge, MD	N	218
* Jagir S. Judge, MD	PD	026
* Richard D. Judge, MD	IM	218
Le Roy W. Juhnke, MD	OBG	096
* Stephanie L. Juister		222
* Asela P. Jumao-as, MD	N	030
* John B. Juncker, MD	PTH	222
* Bong Jung, MD	N	190
* Jia Y. Jung, MD	TS	090
* Samba Jung, MD	IM	174
* David A. Junge, MD	OBG	154
* Andrea C. Jungwirth, MD	PM	218
* Raymond V. Jungwirth, MD	GS	222
* John L. Juozevicius, MD	RHU	102
* Jose Mari G. Jurado, MD	PM	190
* Harold I. Juran, MD	D	090
* E. P. Juras, MD	AN	174
* Genowefa Z. Jurek, MD	PM	222
* Zdzislaw Jurek, MD	PM	222
Donald B. Jury, MD	GS	174
* Robert P. Jury, MD	GS	174
* Jorge O. Just, MD	CDS	174
* Penniford L. Justice, MD	PM	222
* Marius S. Juzych, MD	OPH	222
* Mark S. Juzych, MD	OPH	222
* Jin B. Jyung, MD	OBG	026

K

* Gael G. Kabell, MD	IM	102
* Martin L. Kabongo, MD	FP	222
Theodore G. Kabza, MD	IM	218

Kambhampati

* Nora M. Kachaturof, MD	D	222
* James E. Kackley, MD	IM	222
* George Kadian, MD	IM	174
* Koyka M. Kadreva, MD	FP	194
* Omar Kadro, MD	GS	174
* Ali Kafi, MD	TS	222
* Naomi J. Kagetsu, MD	D	126
* Dorothy Kahkonen, MD	IM	222
David Kahn, MD	D	090
* Joel K. Kahn, MD	CD	218
* Jonathan Kahn, MD	R	026
* Marc L. Kahn, MD	R	222
* Roger N. Kahn, MD	CD	154
Stephen Kahn, DDS		162
* Richard J. Kahnoski, MD	U	106
* Henry D. Kaine, MD	END	174
* Michael G. Kaiser, MD	AN	102
* Amita Kakarla-Maganti, MD	GE	190
* Peter J. Kalabat, MD	PTH	174
* Velimir Kalafatic, MD	PD	174
* Sambamukty V. Kalahasty	IM	222
* Edward D. Kalat, MD	IM	070
* John J. Kalenkiewicz, MD	IM	158
Nathan Kalichman, MD	P	222
* Robert W. Kalinske, MD	IM	102
* Jon M. Kaliszewski, MD	AN	095
* Henry A. Kallet, MD	PTH	218
Leo F. Kallman, MD	P	222
* Stephen Kalstein, MD	OPH	062
* Samuel L. Kalush, MD	TS	190
* Anthony M. Kam, MD	GS	106
* Eliyahou K. Kam, MD	PD	222
* Balu G. Kamalapurkar, MD	OBG	202
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* Mark A. Kamil, MD	ORS	174
* Richard S. Kamil, MD	ORS	222
* Mark J. Kaminski		218
* B. G. Kamlapurker, MD	GS	086
* Robert L. Kamm, MD	P	174
* Lloyd A. Kammeraad, MD	OBG	106
* Robert L. Kamp, MD	FP	070
* Dick L. Kamps, MD	GS	162
* Azzam S. Kanaan, MD	N	102
* V. Kanagarasa, MD	AN	222
* Archibald V. Kane, MD	AN	222
* Elizabeth D. Kane, MD	CHP	134
* Irving J. Kane, MD	PUD	190
* John P. Kane, MD	OPH	126
* Peter V. Kane, MD	GS	126
* Jay J. Kaner, DO	N	126
* Ok K. Kang, MD	GS	062
* Song G. Kang, MD	AN	222
* Tai K. Kang, MD	P	062
* Tai S. Kang, MD	DR	222
* Tai Hee Kang, MD	R	170
* Thomas J. Kaniowski, MD	IM	222
* Mark G. Kanitz, MD	EM	106
* Zachary K. Kanjuparamban	U	096
* Rajendra P. Kanneganti, MD	P	222
* Velji K. Kansara, MD	U	222
* Sheldon M. Kantor, MD	IM	222
* Vijaya Kanumilli, MD	AN	222
* Fakhruddin S. Kapadia, MD	PD	174
* Chandrakant C. Kapdi, MD	DR	222
* Jeanne M. Kapenga, MD	IM	090
* Alan G. Kaplan, MD	PTH	222
* Bruce M. Kaplan, MD	IM	174
* Mary B. Kaplan, MD	EM	222
* Michael M. Kaplan, MD	IM	174

Walter A. Kaplita, MD	GP	222
* Konstantinos Kapordelis	IM	222
* Kenneth H. Kapphahn, MD	N	222
* Irvin J. Kappy, MD	PD	174
* Michael Kaprielian, MD	P	174
* Philip J. Kapsos, MD	AN	138
* A. T. Karabey, MD	P	174
Gerald D. Karabin, MD		102
* Ahmet R. Karaca, MD	PS	174
* Khalil M. Karadsheh, MD	IM	174
* John D. Karakitsos, MD	N	090
* Raymond J. Karakuc, MD	R	174
* Robert Karalian, MD	OBG	174
* Melinda E. Karam, MD	PD	222
* Philip C. Karamatas, MD	OBG	222
* Mahesh C. Karamchandani	CRS	034
* Nuh Naci Karca, MD	PS	174
* Saul Karch, MD	GP	222
* L. Rao Kareti, MD	TS	090
* G. Reza Karimipour, MD	PS	174
* Chandur H. Karnani, MD	PD	222
* James J. Karo, MD	DR	174
* Peter P. Karpawich, MD	PD	222
* Jean P. Karr, MD	IM	098
* Paul H. Karr, Jr., MD	FP	062
* Paul H. Karr, Sr., MD	GP	062
* Gregory P. Karris, MD	IM	222
* Craig B. Karsama, MD	DR	126
* Jack Kartaginer, MD	OBG	174
* Jack M. Kartush, MD	OTO	174
* K. P. Karunakaran, MD	GS	190
* Arthur A. Kaselemas, MD	IM	222
* Edith S. Kaselis, MD	PD	098
* Choochart Kasemsarn, MD	IM	194
* Minuchehr Kashef, MD	OBG	222
* Gauresh H. Kashyap, MD	PUD	090
* Anthony S. Kasiborski, MD	D	222

Kaza

* Jerome F. Kasle, MD	OPH	062
* Albert J. Kaspor, MD	FP	222
* Arnold Kass, MD	GP	222
* Evan J. Kass, MD	U	174
* Elias H. Kassab, MD	CD	222
* Michael J. Kasztelan, MD	FP	126
* Stanley B. Katlein, MD	PTH	090
* Jitendra P. Katneni, MD	IM	062
* Abdalrahman Katranji, MD	OPH	222
* Ron J. Kattoo		222
* Austin M. Katz, MD	P	194
* David Katz, MD	IM	218
* Jeffrey S. Katz, MD	OPH	174
* Marshall G. Katz, MD	IM	174
* Sidney F. Katz, MD	OBG	174
* Stuart A. Katz, MD	ORS	222
* William M. Katz, MD	IM	106
* Gary Katzman		222
* Harold L. Katzman, MD	OBG	126
* Joseph W. Kaufman, MD	D	174
* Louis W. Kaufman, MD	GS	222
* William R. Kaufman, MD	GS	222
* Surendra Kaul, MD	N	154
* Sita R. Kaura, MD	EM	222
* John W. Kavanaugh, MD	PD	102
* Thomas E. Kavanaugh, MD	OBG	102
* William R. Kavanaugh, MD	GP	102
* Kenzo Kawamura, MD	IM	102
* James Kawchak, MD	IM	222
* Conrad A. Kawel, Jr., MD	GS	222
* David I. Kay, MD	FP	094
* Selwyn Kay, MD	GS	222
* Basem Kayali, MD	IM	222
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* Swarajyam Kaza, MD	AN	174
Louis L. Kazdan, MD	IM	174
* George M. Kazzi, MD	OBG	222
* David J. Kearney, MD	U	174
Joseph B. Kearney, MD	GS	186
* Thomas M. Keating, MD	ORS	096
* William G. Keating, MD	DR	078
* Edward N. Keegstra, MD	GP	026
Michael G. Keeker, MD	FP	134
* Van O. Keeler, MD	FP	010
* Joseph J. Keeley, MD	PD	218
* Marvin R. Keeling, MD	IM	222
* Dennis M. Keene, MD	AN	022
* Don E. Keener, MD	FP	114
* John C. Keep, MD	PTH	070
Pliny M. Keep, MD	PTH	102
* S. Jean Kegler, MD	D	222
* Lisa L. Keim		090
* William C. Keimig, Jr., MD	IM	222
* Russell D. Keinath, MD	GE	218
* Carolyn J. Keith, MD	AN	070
* James S. Keith, MD	EM	170
* Rachel B. Keith, MD	IM	222
Maximilian Kelin, MD	OM	174
* Jay E. Kellaway, MD	R	186
* Anthony S. Keller, MD	R	142
* Donald E. Kelley, MD	PD	106
Frank J. Kelley, MD	ORS	222
* Paul A. Kelley, MD	ORS	218
* Alexander P. Kelly, MD	PS	222
* C. James Kelly, MD	FP	162
* James E. Kelly, MD	IM	062
John J. Kelly, MD	GP	222
Kevin A. Kelly		010
* Kevin J. Kelly, MD	IM	102
* Larry S. Kelly, MD	FP	190
Lawrence J. Kelly, MD	OBG	222
* Paul A. Kelly, MD	OBG	090
* Randall T. Kelly, MD	OBG	222
* Scott P. Kelly		090
* Thomas A. Kelly, MD	IM	058
* William T. Kelly, MD	OBG	114
* Robin D. Kelmenson, MD	IM	174
Victor A. Kelmenson, MD	PUD	222
Harvey I. Kelsall, MD	GS	026
C. Thomas Kelso, MD	PTH	162
S. Newton Kelso, MD	FP	158
Malcolm J. Kelson, MD	PD	222
* John L. Kemink, MD	OTO	218
Gerrit J. Kemme, MD	FP	186
* Peter J. Kemp, MD	OBG	174
* Paul M. Kempen, MD		114
* David W. Kempers, MD	HS	106
* Richard A. Kempf, MD	FP	186
Albert H. Kempter, MD	IM	106
William F. Kendall, Jr.		090
Harold F. Kendrick, MD	FP	174
* John C. Kennedy, MD	PD	218
* Michael S. Kennedy, MD	ORS	138
* Susan J. Kennedy, MD	OBG	218
* Thomas P. Kennedy, MD	AN	170
* Michael J. Kennelly, MD	GS	218
Donald M. Kennett, MD	GP	062
* Ihsan Kent, MD	OBG	102
* Paul S. Kenyon, MD	ORS	098
* Gary M. Keoleian, MD	OPH	062
* Phadej Keopunna, MD	U	190
* James B. Keplinger, MD	GS	134
* James T. Kerby, MD	FP	106
* David F. Keren, MD	CLP	218
* Lynn J. Kern, MD	OBG	102
* Kenneth M. Kernen		222
* Genise E. Kerner, MD	IM	222
* Nathan Kerner, MD	CD	222
* Edwin C. Kerr, MD	IM	174
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* Hugh H. Kerr, MD	DR	174
* Gary L. Kersten, MD	OBG	190
* George R. Kerwin, MD	OM	222
* Ronald D. Kerwin, MD	D	174
* G. Richard Keskey, MD	OPH	204
* Kristin A. Keskey, MD	IM	174
Charles Kessler, MD		222
Dale L. Kessler, MD	PTH	106
* William L. Kestenberg, MD	GS	222
Hans J. Kettler, MD	EM	174
* Robert C. Kettunen, MD	U	102

John W. Keyes, MD	IM	222
* John P. Keyser, MD	OBG	194
* Mohammad M. Khaghany, MD	CDS	102
* Naji M. Khairallah, MD	IM	102
* Jowher V. Khaleel, MD	IM	222
* Mahmood A. Khalid, MD	DR	174
* Mazen T. Khalidi, MD	GS	222
* Ali A. Khan, MD	IM	086
* Mahmood H. Khan, MD	IM	222
Miqdad A. Khan, MD	IM	106
* Mohammed J. Khan, MD	A	126
* Muhammad A. Khan, MD	N	174
* Mukhtar A. Khan, MD	IM	222
* Parviz Khan, MD	IM	222
* Qamar A. Khan, MD	IM	222
* Shabana S. Khan, MD	IM	222
* Shaukat A. Khan, MD	IM	106
* Syed M. Khan, MD	DR	174
* Taufiq A. Khan, MD	GS	126
* P. Khandelwal, MD	IM	062
* Satish C. Khaneja, MD	IM	174
* Shyam L. Khanna, MD	IM	222
* Riad Khatib, MD	IM	222
* Jean R. Khawam, MD	PD	106
* Fuad Khaznehkatbi, MD	CD	174
* Prem V. Khilani, MD	ON	222
* Bahram Khodadadeh, MD	PD	174
* Elie G. Khoury, MD	ORS	174
* Michael D. Khoury, MD	VS	222
* Kishan D. Khurana, MD	IM	222
* Sarla D. Khushalani, MD	TR	162
* Daria Kiani, MD	ID	222
* Leonard J. Kibiloski, MD	ORS	222
Edward F. Kickham, MD	ORS	190
* Lisa Ann Kidd		222
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* Farook J. Kidwai, MD	NS	106
* Ray F. Kiefer, MD	AN	162
* Raphael J. Kiel, MD	IM	174
* George E. Kieler, MD	GP	150
* Lorenz P. Kielhorn, MD	PTH	098
James D. Kiess, MD	OPH	034
Arnold J. Kiessling, MD	FP	098
* Lou Ann Kiessling, MD	OPH	218
John L. Kihm, MD	ORS	102
* Demetrios L. Kikas, MD	N	222
Theodore W. Kilar, MD	OBG	174
* Kevin M. Kiley, MD	FP	162
* Orhan Kilic, MD	PD	026
Harry A. Killian, MD	FP	174
* James B. Kilway, MD	GS	102
* Babiano M. Kim, MD	U	222
* Chang C. Kim, MD	PD	110
* Chang-Soo Kim, MD	IM	126
* Choong-Man Kim, MD	NM	026
* Chung K. Kim, MD	DR	222
* Dong H. Kim, MD	DR	222
* Dong I. Kim, MD	AN	186
* Dong S. Kim, MD	PD	118
* Edward N. Kim, MD	AN	222
* Gun Y. Kim, MD	AN	062
* Haesook Kim, MD	TR	062
* Hak J. Kim, MD	GS	058
* Hee J. Kim, MD	R	182
* Hee R. Kim, MD	AN	174
* Heung K. Kim, MD	R	222
* Hi J. Kim, MD	PM	222
* Hyo S. Kim, MD	AN	190
* Ihl D. Kim, MD	PD	106
* Jae C. Kim, MD	P	062
* Jae-Suk K. Kim, MD	PD	222
* Jin G. Kim, MD	AN	222
* Jin-Chul Kim, MD	TR	034
* Jong M. Kim, MD	AN	062
* Joon K. Kim, MD	R	222
* Jung K. Kim, MD	PD	126
* Jung-Whan K. Kim, MD	AN	174
* Kwan Soo Kim, MD	FP	034
* Kwang-Sung Kim, MD	DR	150
* Kwonsoo K. Kim, MD	ON	222
* Kyung S. Kim, MD	CD	126
* Lawrence Y. Kim, MD	P	222
* Luke Y. Kim, MD	PM	218
* Min H. Kim, MD	AN	190
* Min Young Kim, MD	IM	106
* Mun K. Kim, MD	PD	126
* Myung S. Kim, MD	GS	222
* Paula J. Kim, MD	FP	222
* Seong C. Kim, MD	GP	198
Seong Jeun Kim, MD	DR	218

* Si Y. Kim, MD	AN	126
* Soon K. Kim, MD	P	222
* Tai H. Kim, MD	NEP	222
* Wook Kim, MD	PM	222
* Wuk Kim, MD	GS	190
* Yong S. Kim, MD	PD	222
* Youn S. Kim, MD	TS	106
* Young H. Kim, MD	R	190
C. B. Kimbrough, MD	FP	062
* Jeffrey Kimpson, MD	AN	174
* Leon E. Kinasiewicz, MD	R	050
* Joseph E. Kincaid, MD	IM	102
William E. Kincaid, MD	NM	106
John R. King, MD	D	158
* Kyle R. King		222
Melbourne J. King, MD	GS	222
* Paul K. King, MD	NS	034
* Ray H. King, MD	FP	098
* Richard W. King, MD	OBG	174
* Scott R. King, MD	OBG	226
Joyce W. Kingsley, Jr., MD	IM	126
Paul C. Kingsley, MD	ORS	034
* Vithal B. Kinhal, MD	IM	222
* Ratnaker K. Kini, MD	PHO	222
Douglas G. Kinne, MD	OBG	170
* Craig M. Kinney, MD	NPM	106
* Vijaya A. Kinni, MD	IM	174
* Wayne K. Kinning, MD	CDS	062
* Kiran Kinra, MD	IM	062
* Naresh K. Kinra, MD	PD	062
* Raymond C. Kinzel, MD	U	090
* Terry Kinzel, MD	IM	082
* Joseph L. Kinzie, MD	GE	222
* Mark S. Kinziger, MD	OPH	162
* Fernando C. Kiok, MD	GS	202
* Paul R. Kipp, MD	OBG	126
* Aaron K. Kirkemo, MD	U	222
* Kent L. Kirkland, MD	ORS	014
* John C. Kirkpatrick, MD	DR	198
* Walter T. Kirsten, MD	AN	026
William B. Kirtland, MD	OBG	222
* Karl K. Kish, MD	DR	222
* Daniel E. Kislov, MD	PS	162
* Richard Kislov, MD	PS	162
Mary S. Kitchel, MD	AN	186
* L. J. Kitterman, MD	IM	062
William W. Kitti, MD	GP	070
John L. Kitzmiller, MD	OBG	026
* John W. Kitzmiller, MD	VS	174
* Kristen A. Kitzsteiner, MD	IM	106
* Nancy P. Kivell, MD	AN	106
* Louis P. Kivi, MD	ORS	218
* Edward L. Klarman, MD	P	174
* Arthur Klass, MD	GE	174
* Robert S. Klautky, MD	AN	222
* Costas E. Kleanthous, MD	FP	218
* Andrew C. Kleaveland, MD	PUD	162
* Ingram J. Kleaveland, MD	IM	162
* Jose O. Kleer, MD	GS	222
* Nestor A. Kleer, MD	FP	222
* Michael Kleerekoper, MD	IM	222
Jerome H. Klegman, MD	R	174
* Martin W. Kleiman, MD	PD	222
* Herman Klein, MD	HEM	222
* James W. Klein, MD	OPH	222
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* Michael D. Klein, MD	GS	222
* Michael I. Klein, MD	IM	222
Sander P. Klein, MD	END	222
* Steven N. Klein, MD	CRS	174
* Thomas E. Klein, MD	OBG	106
* D'Anne M. Kleinsmith, MD	D	174
* Benjamin J. Kleinstiver	ORS	170
* Kirk R. Klemme, MD	EM	134
* Susan H. Klemmer, MD	D	174
* Janice S. Klemp, MD	PD	082
* Vladimir Klemptner, MD	IM	218
* Garron L. Klepach, MD	OPH	222
* Lars W. Kleppe, MD	PTH	170
* Charles R. Klettner		222
* Kenneth A. Kleyn, MD	GS	226
* G. D. Klickstein, MD	GS	096
* John A. Klim, DO	OTO	050
* Kevin E. Klimek, MD	AN	218
* Robert E. Klimek, MD	IM	090
* Edward J. Klimkowski, MD	OBG	222
* Owen F. Kline, MD	GS	062
* George A. Kling, MD	R	222
* Marcia E. Kling		222
* Murray G. Kling, MD	GS	222

Kling

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Kliphuis

* Sally L. Kliphuis, MD	FP	106
Edward J. Klopp, Jr., MD	TS	034
Henry J. Klos, MD	R	026
* Paula J. Klose, MD	FP	154
* Howard D. Klosterman, MD	R	062
* Bruce A. Klunzinger, MD	OPH	090
George H. Klutke, MD	OBG	222
* Cassandra M. Klyman, MD	PYA	174
* David C. Kmak, MD	OBG	222
* James G. Knaggs, MD	OPH	062
* James E. Knahe, MD	AN	222
* Gary H. Knapp, MD	GP	222
Morgan A. Knapp		222
William L. Knapp, MD	OM	222
* William T. Knapp, MD	R	190
* Stephen R. Knazik, DO	EM	062
* Richard A. Knecht, MD	FP	170
* Sharon K. Knepfler, MD	PD	222
* Melodie A. Knicely, MD	PD	062
* Edwin M. Knights, Jr., MD	PTH	174
Howard T. Knobloch, MD	PD	022
Frederick J. Knocke, MD	ORS	222
* Bruce F. Knoll, MD	U	098
Stuart A. Knott, MD	OPH	222
* Pamela R. Knysz, MD	FP	106
* Michael S. Kobernick, MD	EM	174
Sidney D. Kobernick, MD	PTH	222
* Keith A. Kobet, MD	OPH	222
* Robert P. Kobiela, MD	IM	106
* Josef M. Kobiljak, MD	PD	222
* Stefan H. Kobiljak, MD	OBG	222
Robert J. Kobs, MD	OPH	098
* Karen S. Koby Olson, MD	PD	150
* Joseph J. Kochan, III		222
* Krystyna Kochanowska, MD	IM	222
Eugene J. Kochkodan, MD	R	222
* James J. Kochkodan, MD	R	222
Lubomira S. Kocur, MD	GP	110
* Sridevi Kodali, MD	P	222
* Aruna K. Kode, MD	AN	098
* Shahin B. Koegler, MD	P	222
* Jill E. Koehler, MD	PD	062
* Charles N. Koenig, MD	FP	190
* Earl R. Koenig, MD	U	126
Harry Koenig, MD	OPH	134
George H. Koepke, MD	PM	190
* Kurt J. Koepnick, MD	IM	106
Edward J. Koerber, MD	GP	222
* John M. Koetsier, MD	PD	106
* Marvin L. Kofender, MD	IM	222
Alan O. Kogan, MD	P	102
* Natalio Kogan, MD	AN	222
* A. L. Koh-Guevarra, MD	IM	126
* William M. Kohen, MD	ORS	174
* James Kohlenberg, MD	IM	174
* Jaspal S. Kohli, MD	EM	222
* Gloria J. Kohut, MD	PTH	106
* Dinesh P. Koirala, MD	AN	222
* Ray S. Koivunen, MD	FP	054
* Evan P. Kokales, MD	OM	102
* Mary J. Kokosky, MD	NPM	222
* Karl F. Kolbe, MD	IM	174
* James A. Kolberg, MD	GS	070
* Bruce H. Kole, MD	N	174
* Linda J. Kole, MD	IM	174
* Augustine K. Kole-James	IM	222
Robert C. Kolesar, MD	GP	154
* Mark D. Kolins, MD	CLP	222
* Daniela A. Kollar, MD	N	174
Miroslav Kollar, MD	GP	126
Isadore I. Kolman, MD	U	222
* Gary F. Koloff, MD	P	158
* Oscar P. Koltay, MD	R	095
* Lawrence Koltonow, MD	P	174
* A. Prasad Kommareddi, MD	IM	062
Richard M. Kommel, MD	OTO	126
* Harvey J. Komorn, MD	GS	174
* Raymond R. Komray, MD	OTO	162
John D. Kondomerkos, MD	IM	222
* Prasadara S. Koneru, MD	CD	034
* Bobby K. Kong, MD	TS	218
* John W. Konnak, MD	U	218
* Edward T. Konno, MD	PTH	222
* Dennis W. Konzen, MD	FP	102
Chester S. Koop, MD	IM	070
* Erik W. Kooyer		090
* John H. Kopchick, MD	U	106
Joseph Kopchick, MD	GP	094
* Joseph M. Kopmeyer, MD	IM	222
Clemens M. Kopp, MD	CLP	194

* Carolyn Koppenol, MD	P	014
* Peter C. Koptik, MD	EM	106
* Andrew Kopystynsky, MD	GS	222
* Michael A. Kore, MD	PD	102
Louis Koren, MD	P	222
* Bert J. Korhonen, MD	ORS	106
* Ronald W. Kornak, MD	OTO	098
* Jeffrey A. Kornblum, MD	NS	102
* James G. Kommesser, MD	OBG	174
Sanford Kornwise, MD	D	126
* Steven M. Korotkin, MD	CD	174
* Frank S. Korotney, MD	OBG	098
* Walter G. Korytowsky, MD	D	098
* John M. Kosanovich, MD	IM	190
H. K. Koschnitzke, MD	IM	222
* Sylvia M. Kosciolk, MD	R	062
* Abraham Koshy, MD	CD	026
* Betty Koshy, MD	IM	026
* Sudjond Kosim, MD	DR	158
* John P. Kosinski, MD	GS	134
* Michael E. Kosinski, MD	ORS	222
* Richard P. Kosinski, MD	IM	070
* Timothy J. Kosinski, MD	FP	154
* Joseph W. Kosnik, MD	EM	218
* John M. Kosta, MD	OTO	106
* John S. Kostin, MD	GS	102
* Sujatha Kotamraju, MD	AN	222
* Rajesh P. Kotecha, MD	TR	154
* Sister R. Koterba, MD	GS	074
* Harry N. Kotsis, MD	U	222
* Recia Kott-Blumenkranz, MD	D	174
* Charles J. Kouchy, MD	GS	190
* Manoochehr Koukhab, MD	R	222
* Elaine C. Kountanis, MD	N	102
* George J. Kouskoulas, MD	PD	222
* Conchita Q. Kovach, MD	PD	222
Laszlo Kovacs, MD	U	022
* Peter A. Kovalszki, MD	IM	126
* Jeffrey J. Kovan, MD	OPH	222
* Eleanor Kovich, MD	IM	190
Edward H. Kowaleski, MD	FP	142
Mark A. Kowalski, MD	GS	070
* Robert F. Kowalski, MD	EM	174
* Steven W. Kowalsky, MD	U	222
* Naim Koymen, MD	NS	102
* Martin J. Kozachik, MD	GP	090
Anthony E. Kozlinski, MD	GP	222
Clifford S. Kozlow, MD	AN	174
Louise E. Kozlow, MD	OBG	174
* Jay H. Kozlowski, MD	IM	222
* Michael C. Kozonis, MD	CD	174
* E. J. Kozora, MD	OBG	174
* Vlado J. Kozul, MD	CD	222
* Harm Kraai, MD	U	174
* Kenneth L. Krabbenhoft, MD	R	222
* Robert D. Kraff, MD	EM	026
Frederick W. Kraft, MD	OPH	070
Richard O. Kraft, MD	GS	218
Ruth M. Kraft, MD	PD	222
Bernard Krakauer, MD	ORS	222
Steven K. Kraker, MD	IM	186
* Barry W. Kram, DO	NEP	162
* Mark Krane, MD	OBG	174
* Richard S. Kranz, MD	IM	034
* Andrew J. Krapohl, MD	OBG	098
Gary A. Krasiicky, MD	DR	222
* Manus Krasman, MD	IM	218
* Neal M. Krasnick, MD	OPH	222
* Charles G. Krasnow, MD	P	218
* Pamela M. Kratkoczki, MD	PD	174
Clyde H. Kratochvil, MD	OS	102
* Charles J. Krause, MD	OTO	218
* David A. Krause, MD	TR	090
* Douglas A. Krause, MD	FP	194
* Willy Krauss, MD	P	090
Charles F. Krausse, MD	GS	218
* Charles J. Krawec, MD	CD	222
* Charles F. Krecke, MD	R	090
* H. J. Kreiman, MD	GS	222
* Alfred M. Kreindler, MD	IM	174
* Wilmont R. Kreis, MD	ORS	194
* Robert K. Kreitsch, MD	PM	106
John A. Kremski, MD	PTH	190
* Marlin P. Krenz, MD	OPH	162
Bruce A. Kresge, MD	FP	174
Edward D. Kreske		090
John C. Kretzschmar, MD	GER	222
Henry J. Kreulen, MD	GP	106
* David A. Kreuze, MD	OBG	106
* Richard L. Kreuzer, MD	OBG	106

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* David A. Krevsky, MD	PD	222
* Harold Krevsky, MD	OBG	222
* Seymour Krevsky, MD	PD	174
* David M. Khovsky, MD	AN	106
* Frank J. Khovsky, MD	AN	106
* Herbert I. Krickstein, MD	PTH	222
* Carol A. Krieg, MD	OPH	050
* E. Michael Krieg, MD	ORS	222
* Joel M. Krieger, MD	U	126
* Bruce L. Krieger, MD	D	126
* Glenn D. Krieger		222
* Harvey A. Krieger, MD	OBG	126
* Jonathan J. Krieger, MD	FP	106
* Norman N. Krieger, MD	IM	174
Edmund M. Krigbaum, MD	AN	218
Morton J. Kripke, MD	OBG	126
* Ambujam R. Krishnan, MD	IM	222
* Rajan S. Krishnan, MD	HEM	174
* Madelon H. Krissoff, MD	IM	106
* Karl T. Kristen, MD	R	222
* David D. Krohn, MD	P	070
David W. Kroll, MD	PD	126
H. Harvey V. Kroll, MD	IM	222
* Henry R. Kroll, MD	AN	222
* Ronald L. Krome, MD	GS	174
* Joseph D. Kroon, MD	OBG	126
Michelle R. Kroupa		090
* James A. Krug, MD	OPH	222
* Lawrence Krugel, MD	D	174
* Richard Krugel, MD	OS	222
* Edward A. Krull, MD	D	222
Francis X. Krynicki, MD	GP	222
Henry Krystal, MD	P	174
* James M. Kryvicky, MD	AN	174
* Kenneth S. Kube, MD	IM	086
* William J. Kube, MD	ORS	102
* John G. Kublin, MD	OPH	134
* Michael P. Kucera, MD	PD	218



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* Barbara M. Kuczynski		222
* Anthony L. Kudirka, MD	DR	222
Ned N. Kuehn, MD	PTH	222
* Kenneth L. Kuehnl, MD	IM	050
* Fook C. Kuet, MD	AN	062
Eli H. Kuhel, MD	PD	174
* Peter A. Kuhl, MD	IM	106
* Shirlee E. Kuhl, DO	PD	174
* James M. Kuhlman, MD	NM	222
Albert A. Kuhn, MD	GP	222
Anne C. Kuhn, MD	PD	174
Henry H. Kuhn, MD	GP	222
* Marguerite H. Kuhn, MD	OBG	154
Richard F. Kuhn, MD	FP	222
Robert E. Kuhn, MD	OBG	174
Scott M. Kuhnert		090
* Jerome L. Kuhnlein, MD	IM	026
* Donald H. Kuiper, MD	IM	090
Walter F. Kujawski, MD	CD	222
* Andrea S. Kulanek, MD	PM	106
* Gregory A. Kuldane, MD	IM	106
* Varin U. Kule, MD	GE	022
* Eugene J. Kulinski, MD	IM	022
* Saroj N. Kulkarni, MD	IM	222
* Anil B. Kumar, MD	U	222
* C. Vijay Kumar, MD	NEP	222
* G. Krishna Kumar, MD	IM	174
* Narendra R. Kumar, MD	OTO	190
* Neelam B. Kumar, MD	PTH	222
* Parikshit S. Kumar, MD	HEM	210
* Surendra M. Kumar, MD	U	222
* Sushil Kumar, MD	IM	126
* Kamlesh Kumari-Lobo, MD	OBG	174
* Glen H. Kumasaka, MD	R	218
* Jones O. Kumi, MD	IM	222
* Usha B. Kumra, MD	PTH	218
* Aruna Kundi, MD	IM	090
* Prem C. Kundi, MD	AN	046
* Vimala E. Kunjappan, MD	AN	222
* Carl E. Kuntzman, MD	GS	174
* James E. Kure, MD	CD	062
Leonard J. Kurello, DO	U	162
* Mani Kurien, MD	IM	162
* L. E. Kurlandsky, MD	PD	106
* Ruben S. Kurnetz, MD	PD	174
* Nancy J. Kursik, MD	FP	062
* Hyman Kurtz, MD	P	126
* John E. Kurtz, MD	AN	222
* Roberta G. Kurtz, MD	IM	070

Raymond S. Kurtzman, MD	DR	222
* Suryarao Kurumety, MD	R	190
* Lawrence T. Kurz, MD	ORS	174
* Mark R. Kurzawa, MD	FP	126
* David M. Kushner		222
Donna M. Kushner, MD	P	222
* Kathleen A. Kusiv, DO	OBG	190
* Nadeem Kutaish, MD	PTH	114
* Richard A. Kutcipal, MD	OBG	170
* David O. Kutsche, MD	FP	106
John D. Kutsche, MD	IM	222
William F. Kutsche, MD	GP	095
* Sandra M. Kutschke, MD	OBG	106
* DeAnn K. Kutzner, MD	OBG	026
* Pradyumna Kuver, MD	IM	062
Benjamin Kviets, MD	IM	222
* Ty M. Kwaizer		222
* Alan Kwaselow, MD	A	174
S. A. Kwasiborski, MD	GP	222
* Harold A. Kwast, MD	CD	154
* Young J. Kwon, MD	P	222
* George P. Kypros, MD	IM	126
* Luana J. Kyselka, MD	END	174

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* Myron M. La Ban, MD	PM	174
Ivan A. La Core, MD	P	082
* Robert A. La Fleur, MD	EM	106
* L. A. La Gattuta, MD	GS	010
Louis J. La Joie, MD	OM	222
* Thomas A. La Londe, MD	CD	222
* Richard L. La Mont, MD	ORS	222
* Allen R. La Reau, MD	PD	102
Carroll J. La Vielle, MD	R	062
* Russell F. Labeau, Jr., MD	PD	170
* James E. Labes, MD	OBG	174
H. F. Labsan, MD	N	190
* Robert J. LaChance, MD	FP	154
* Alan S. Lachniet, MD	ORS	162
* Samuel J. Lacina, MD	PD	106
Lawrence S. Lackey, MD	IM	222
David C. Laderach, MD	OM	222
* Paul A. Lafia, MD	CD	062
* James R. LaFleur, MD	FP	190
* Ann A. Lafond, MD	D	222
* Emily A. Lagace, MD	FP	050
* Soheyra Laghai-Benabi		222
* R. M. Lagrandeur, MD	OBG	174

Lang

* Kamalsh Lahiri, MD	CD	174
Michael J. Lahood, MD	OBG	222
* Carl R. Lahti, MD	GP	182
Paul T. Lahti, MD	GS	174
* Albert M. Lai, MD	TS	034
* Walter W. Laidlaw, MD	R	106
* Lynn M. Laitinen		222
* Dennis L. Lake, MD	PD	106
Edward C. Lake, MD	OBG	098
* Edward C. Lake, Jr., MD	OBG	030
* Gordon W. Lakke, MD	OBG	034
* Yash P. Lakra, MD	GS	174
* Jeevak Lal, MD	OPH	034
* Niranjan Lal, MD	IM	102
Sarla Lal, MD	GP	126
* Michael K. Lala, MD	R	174
* Chitranjan Lall, MD	OBG	222
* Rekha Lall, MD	OBG	222
* Lawrence L. Lalonde, MD	FP	190
* Charles C. Lam, MD	GP	222
* Richard L. Lam, MD	GS	034
* Fred S. Lamb, MD	PD	070
* Patricia L. Lamb, MD	EM	098
Timothy J. Lamb		222
* William R. Lamb, MD	P	014
* Phillip W. Lambert, MD	IM	190
Warren C. Lambert, MD	OBG	134
Austin E. Lamberts, MD	NS	106
* Robert J. Lamberts, MD	IM	106
* Gregory P. Lambourne, MD	IM	226
* David L. Lambrix, Jr., MD	FP	034
* Marc E. Lame, MD	GS	170
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Gerald P. Lammers, MD	GP	158
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			* Eui-Dong Lee, MD	GS	214
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			* Fred Lee, MD	DR	218
			* Hahn Joong Lee, MD	CD	174
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			* Ock Bum Lee, MD	P	222
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* Leonard H. Lerner, MD	OPH	174
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* Murray B. Levin, MD	IM	174
* Robert N. Levin, MD	CD	174
* Bernard Levine, MD	OBG	114
* Donald P. Levine, MD	ID	222
* Frederick H. Levine, MD	CDS	222
* Robert C. Levine, MD	FP	174
* Robert S. Levine, MD	ORS	174
* Steven R. Levine, MD	N	222
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Joseph Levy, MD	PD	034
Marvin B. Levy, MD	GP	174
* Robert J. Levy, MD	N	218
* Stanley H. Levy, MD	IM	222
* Stephen A. Levy, MD	RHU	222
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* Billie Lewis, MD	GS	062
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J. Hugh Lewis, MD	PD	222
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* Vivian M. Lewis, MD	PD	062
* Martinus J. Lexmond, MD	GS	134
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* Daniel K. Li, MD	PD	222
* Teck S. Lian, MD	P	190
* Keh C. Liang, MD	PD	222
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Carl K. Liapcheff, MD	IM	222

Robert V. Libbrecht, MD	GP	222
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* Edward M. Lichten, MD	OBG	222
* Paul R. Lichter, MD	OPH	218
Harry E. Lichtwardt, MD	U	174
* John R. Lichtwardt, MD	U	174
Reuben R. Licker, MD	OBG	194
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* Robert S. Lie, MD	GS	126
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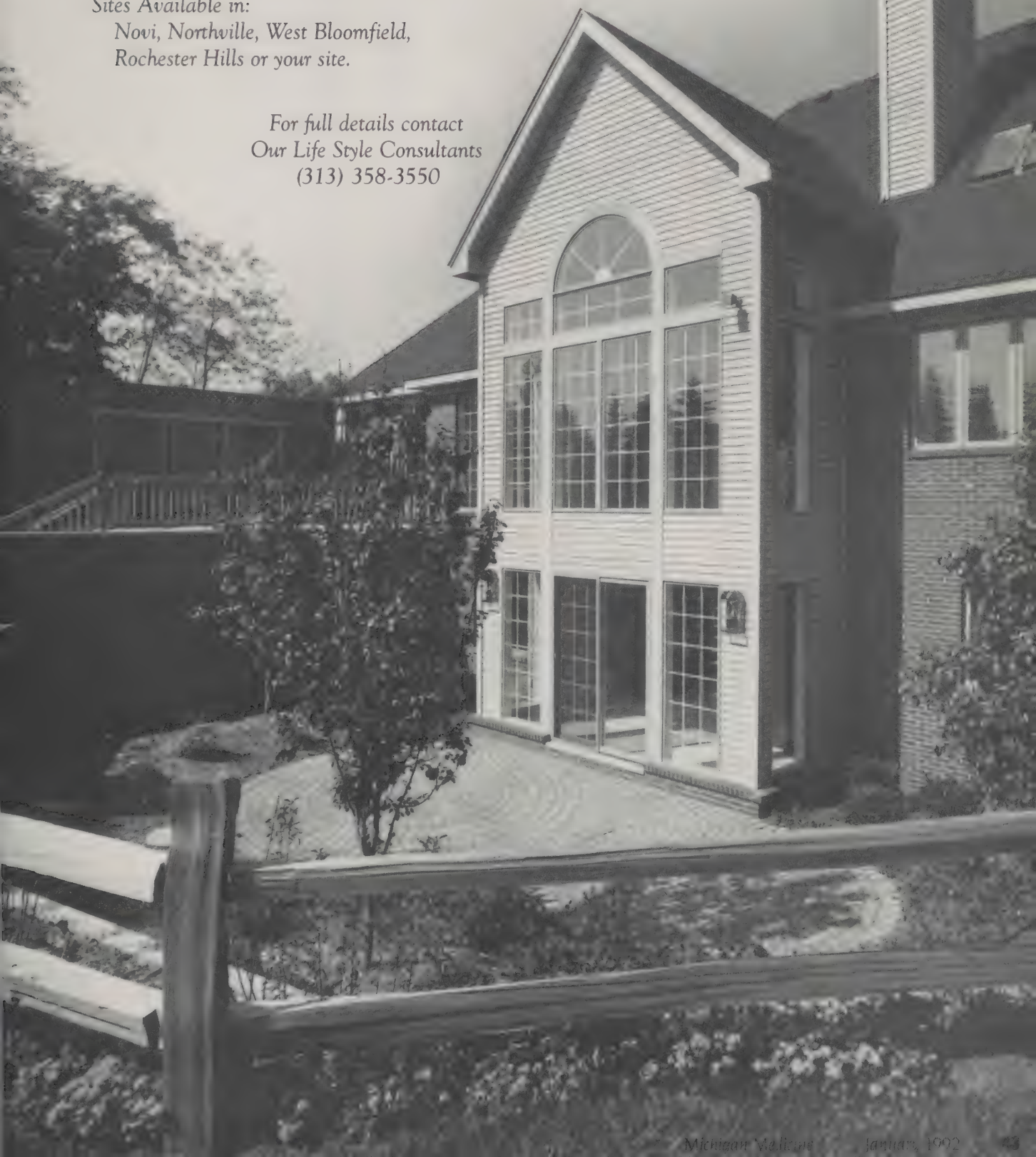
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M

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* James C. Mac Kenzie, MD	IM	174
* James R. Mac Kenzie, MD	PM	070
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John A. Mac Neal, MD	GP	078
* James E. Mac Vicar, MD	OPH	102
* Tomas A. Macatangay, MD	PD	126
* Douglas W. Macdonald, MD	AN	174
* John S. MacDonald, MD	IM	046
Orrin P. MacDougall, MD	U	222
Djen X. Mach		222
Jennifer J. Mach		222
* Mohan Dass Macha, MD	GS	202
* K. L. Machiorlat, MD	PTH	106
* Thomas R. Macholan, MD	FP	106
* Algimantas P. Maciulis, MD	IM	022
* Margarethe Maciulis, MD	IM	022

* Douglas A. Mack, MD	PH	106
* Robert E. Mack, MD	IM	222
* Vincent A. Macke, MD	AN	070
* Hugh L. Mackechnie, MD	AI	222
* John M. MacKeigan, MD	CRS	106
James R. Mackenzie, MD	GS	218
* George S. Mackey, Jr., MD	IM	174
* Victoria L. Mackie, MD	FP	122
* Robert H. Mackie, MD	FP	042
Thomas B. Mackie, MD	IM	042
Irene Macko, MD	IM	222
* Albert J. Macksood, MD	GS	062
* John M. Macksood, MD	AN	062
* Michael J. Macksood, DO	U	062
* William E. Macksood, MD	GS	062
* Robin M. MacLeod		222
* Mytrice E. Macon, MD	AN	222
* Judy A. Macy, MD	PM	158
Chandramouli Madala, MD	IM	034
* Lakshmana R. Madala, MD	AN	062
* Leo M. Madarang, MD	GS	062
* Gene E. Maddock, MD	R	026
* Aaron W. Maddox, MD	IM	222
* Ivan J. Mader, MD	IM	174
* Tom Madhavan, MD	IM	174
* Armando C. Madrazo, MD	IM	126
* Ramon A. Madrid, MD	GS	222
* Michael J. Madura, MD	GE	106
* Diane L. Maennle, MD	PTH	222
* Ali F. Mafee, MD	OTO	222
* Louis S. Magagna, MD	DR	218
* Bapineedu Maganti, MD	AN	190
* Herminio G. Magbanua, MD	GS	114
* Ilie Magdea, MD	A	222
John E. Magielski, MD	OTO	218
Ralph C. Magnell, MD	GP	222
* Thomas D. Magnell, MD	ORS	174
Harold J. Magnuson, MD	PH	218
* Duncan J. Magnoon, MD	P	218
* Howard L. Mahabeer, MD	PD	142
* Venna Mahadev, MD	IM	054
* S. V. Mahadevan, MD	IM	222
* Dev K. Mahajan, MD	IM	222
* Raka Mahajan, MD	IM	222
* Sudesh K. Mahajan, MD	IM	222
* Robert C. Mahaney, MD	ORS	186
B. Carl Mahanti, MD	GS	222
* James C. Maher, MD	IM	034
* Abdul R. Mahfouz, MD	GS	222
* Murray S. Mahlin, MD	U	174
* M. Zafar Mahmud, MD	N	222
* Fredk P. Maibauer, MD	ORS	174
* Henry W. Maicki, M	OBG	174
* Charles A. Main, MD	HEM	174
* John C. Maino, II, MD	IM	098
* Mark G. Mainwaring		222
* Rosser L. Mainwaring, MD	PTH	222
Edward D. Maire, MD	IM	222
Lewis E. Maire, MD	GP	162
* Harry Maisel, MD	FP	222
* M. Jeffrey Maisels, MD	PD	174
* Conrad C. Maitland, MD	U	222
Vytautas Majauskas, MD	FP	222
* Omar A. Majid, MD	TR	222
* Raymond S. Majkrzak, MD	OBG	190
* Ahmad J. Majzoub, MD	GP	222
* Balkrishna M. Makim, MD	OTO	222
* Syed A. Makki, MD	P	194
* David N. Makowski, DO	FP	102
* Nicholas G. Makris, MD	IM	174
* Stuart A. Malafa, MD	EM	106
* Lynn Marie Malenfant, MD	P	162
Preeti N. Malani		222
* William F. Malarney, MD	GS	174
Henry E. Malcolm, MD	GYN	090
Karl D. Malcolm, MD	GS	218
* Michael C. Malczewski, MD	GS	090
* Chandulal B. Malde, MD	IM	062
* Victor Maldonado, MD	R	174
* Wilford E. Maldonado, MD	CLP	090
* Thomas A. Malec, MD	OPH	106
John E. Maley, MD	IM	218
* Vishwanath B. Mali, MD	PD	174
* George P. Malick, MD	D	222
* Baldev K. Malik, MD	IM	222
* Ghaus M. Malik, MD	NS	222
* Hari N. Malik, MD	IM	026
* Khalid M. Malik, MD	GS	190
* Nancy Lee Malin, MD	PD	034
* Edward Malinowski, MD	IM	222

Frank J. Malje, MD	PD	222
* Robert G. Mallen, MD	IM	106
* William J. Mallon		222
* Mark D. Malnor, MD	DR	106
* Michael G. Malon, MD	PD	174
* John M. Malone, MD	OBG	222
* Robert E. Malone, MD	IM	222
* Patrick M. Maloney, MD	IM	170
* Philip J. Maloney, MD	IM	222
* John T. Maltese, MD	PM	174
* Eranio U. Malto, MD	AN	062
Joseph H. Maltzer, MD	FP	222
* Jerald B. Maltzman, MD	DR	222
* Thomas A. Malvitz, MD	ORS	106
* Vinay K. Malviya, MD	OBG	222
* Rolland D. Mambourg, MD	FP	106
* Amorn Manadee, MD	AN	222
* Jerome F. Mancewicz, MD	FP	106
* Vasudeva R. Mandava, MD	IM	126
Leslie Mandel, MD	IM	222
* Robert Mandel, MD	AN	034
* Bernard A. Mandelbaum, MD	OBG	222
* Gerald H. Mandell, MD	PTH	222
* Sharon L. Mandell, MD	FP	126
Jack N. Mandiberg, MD	IM	222
* Girish C. Mangalick, MD	N	222
* Mary A. Mangelsen, MD	IM	098
* Jose V. B. Mangune, MD	PS	190
* John P. Manica, MD	CHN	174
* Steven G. Manikas, DO	FP	218
* K. N. Manjunath, MD	IM	118
* Daniel M. Manhoff, MD	AN	106
Lana A. Manley		222
* Andrew D. Mann, MD	FP	222
Joseph D. Mann, MD	PTH	106
* Nancy R. Mann, MD	PM	222
* Robert J. Mann, MD	PS	106
Lawrence R. Mannausa, MD	OBG	090
John W. Manning, III, MD	GS	190
* Phillip J. Manno, MD	IM	222
* Anand M. Manohar, MD	ORS	030
* Joseph M. Manoharan, MD	IM	062
* B. M. Manshady, MD	IM	222
* Gordon Manson, MD	PD	222
* Shahrokh Mansoori, MD	TS	174
* David J. Mansour		090
* Yousif S. Mansour, MD	IM	222
Joseph S. Mantel, PHD		222
* Jeffrey S. Mantia		090
* Howard N. Manz, MD	CRS	174
* Lisa A. Manz, MD	D	222
* Bayani L. Manzano, MD	DR	054
* Dayle L. Maples, MD	ORS	106
Kenneth E. Mapletoft, MD	P	222
* R. N. Maragiri, MD	IM	022
* Mark L. Marbey, MD	TS	102
* Heront Q. Marcarian, MD	IM	222
* Matthew H. Marcarian		222
* Terrence I. Marcelle, MD	OBG	102
* Richard C. Marcolini, MD	PM	222
* Michael G. Marcotte, MD	PD	106
Oliver L. Marcotte, MD	PUD	174
* Andreas A. Marcotty, MD	P	222
* Michael J. Marcovitz, MD	AN	218
* Edwin L. Marcus, MD	PD	222
* Keith D. Marcus, MD	IM	186
* Manfred Marcus, MD	GS	218
* Edo V. Marcuz, MD	OBG	126
* Arlene M. Marcy, MD	OBG	174
* Curtis C. Marder, MD	VS	134
Vincent J. Marecki, MD	GS	222
* Carlotta M. Maresca, MD	GS	190
* Luigi Maresca, MD	TS	190
* Raymond R. Margherio, MD	OPH	174
* Philip M. Margolis, MD	P	218
* Steven T. Margolis, MD	FP	174
* Saul Z. Margules, MD	FP	222
* Robert A. Margulies, MD	EM	190
* Bruce A. Margulis, MD	IM	174
R. Ralph Margulis, MD	OBG	174
* Dennis F. Marion, MD	D	090
* Federico G. Mariona, MD	OBG	222
Jerome Mark, MD	GS	222
* Joseph E. Mark, MD	PS	174
* Sheldon F. Markel, MD	PTH	218
Alexander P. Markley, MD	OTO	222
Frank R. Markey, MD	OPH	222
Kevin M. Markham		222
* John M. Markley, Jr., MD	PS	218
* Arnold Markowitz, MD	IM	174

Markowitz

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Marks

* Louis W. Marks, MD	HEM	106
* Peter A. Marks, MD	OBG	106
* Thomas S. Marks, MD	OBG	106
* Thomas S. Markus, MD	OBG	022
* James L. Marley, MD	OBG	218
Susan K. Marlow		090
* Lee Marmion, MD	N	106
* Joseph B. Marogil, MD	GS	106
* Simon W. Maroko, MD	P	174
Randy D. Marosok, MD	IM	106
* William E. Marquis, MD	U	106
John J. Marra, MD	PTH	174
Percy S. Marsa, MD	GP	174
Don Marshall, MD	OPH	102
* Joseph F. Marshall, MD	OBG	190
* Nancy H. Marshall, MD	P	222
* Robert B. Marshall, MD	R	106
* Robert E. Marshall		090
* Thomas J. Marshall, MD	FP	014
William P. Marshall, MD	AN	102
* William Martel, MD	R	218
* Bruce W. Martin, MD	FP	186
* Carolyn G. Martin, MD	FP	090
* David B. Martin, MD	ID	070
* David E. Martin, MD	TS	222
* Donald J. Martin, Jr., MD	GS	114
Donald W. Martin, MD	P	174
* Jack F. Martin, MD	ORS	190
* James A. Martin, MD	FP	062
Peter A. Martin, MD	P	222
Richard W. Martin, MD	RHU	106
Robert G. Martin, MD		170
* William C. Martin, MD	ORS	022
* Mary Martinen, MD	IM	222
* Jesus A. Martinez, MD	OBG	222
* Pablo B. Martinez, MD	IM	194
* Ingrid Martinez-Lyons, MD	P	222
* Mila A. Martinez-Mojares	IM	222
* Anthony Martino, MD	NS	222
Martin Martinus, MD	GS	106
* Gary L. Martzke, MD	FP	106
* John A. Marvin, MD	IM	106
* Robert C. Marvin, MD	OBG	222
* Erhard H. Marz, MD	OBG	206
* Lillian F. Marzouq		222
* T. A. Mascarin, MD	OBG	222
* Joseph W. Mashni, MD	U	090
* Neepa K. Maskai		090
* Ninupama Maskai, MD	PTH	222
* John D. Maskill, MD	GP	106
* Christine T. Mason, MD	FP	106
Joyce W. Mason, MD	P	218
* Oren W. Mason, MD	FP	106
Robert J. Mason, MD	PD	174
Stephen C. Mason, III, MD	P	218
* Warren B. Mason, MD	IM	106
* William G. Mason, MD	PD	190
* Marivic D. Massand, MD	AN	222
* Donald D. Masse, MD	OBG	222
* Bruce A. Masselink, MD	GS	186
* Robert T. Mast, MD	OBG	174
Brooker L. Masters, MD	FP	166
Jayshree Matadial		222
* Alex Q. Mataverde, MD	IM	222
* C. Maternowski, MD	A	106
Victor S. Mateskon, MD	ORS	170
* Barbara M. Mathes, MD	D	090
* Thomas Mathew, MD	CD	174
* Thomas K. Mathew, MD	U	206
Kenneth P. Mathews, MD	A	218
* Berton J. Mathias, MD	PD	062
* Perry L. Mathis, MD	GS	222
* Ralph E. Mathis, MD	OBG	106
* Robert H. Mathog, MD	OTO	222
* Gharbharan R. Mathura, MD	OBG	174
* Irineo C. Matias, MD	GS	150
* Philip M. Matich, MD	FP	194
* Jerry A. Matlen, MD	ORS	174
Max W. Mattes, MD	R	174
* Alicia E. Matthews, MD	IM	222
* Burton V. Matthews, MD	GS	222
* Martin H. Matthews, MD	PTH	134
Norman L. Matthews, MD	PD	134
* Roy W. Matthews, MD	GS	222
* Thomas A. Matthys, MD	R	222
H. Frazier Mattson, MD	GS	078
* Miles J. Mattson, MD	U	134
Theodore M. Mattson, MD	GS	222
* Theodore J. Matuga, MD	R	198
* Anatole C. Matulis, MD	P	222

Eugene W. Mauch, MD	OBG	090
* Henry G. Mauer, MD	CDS	174
* Katharine W. Mauer, MD	A	174
* Larry E. Maugel, MD	FP	074
* Theodore Mauger, MD	P	106
* B. Kent Maupin, MD	ORS	106
James J. Maurer, MD	NS	034
* John R. Maurer, MD	IM	106
* Harry G. Mauthe, MD	OM	222
* Lawrence Mazvretich, MD	D	222
* E. G. Mavromatis, MD	AN	090
Edward S. Maxim, MD	ORS	126
* Alex Maximovich, MD	OBG	174
* J. Michael Maxwell, MD	ORS	114
* Robert I. Maxwell, MD	FP	154
Donald G. May, MD	IM	102
Stephen G. May, MD	P	090
* Wolfgang W. May, MD	P	218
* Theodore C. Maycroft, MD	PTH	106
Gerry L. Mayer, MD	FP	138
* Duane G. Mayhew, MD	OTO	090
* James E. Mayle, MD	IM	090
* Michael E. Mayle, DO	GP	026
* Frederick M. Maynard, MD	PM	218
* Gary D. Maynard, MD	AN	102
Mason S. Maynard, MD	IM	106
* Ben R. Mayne, III, MD	ORS	154
* Ben R. Mayne, II, MD	ORS	190
* W. E. Barry Mayo, MD	ORS	174
* George H. Mayol, MD	PTH	014
* Raymond L. Mayor, MD	OBG	174
* Assadollah Mazhari, MD	NS	222
* W. Patrick Mazier, MD	CRS	106
* David J. Mazur, DO	P	106
* Robert J. Mazzeo, MD	GS	218
Pamela Mazzoline, MD	P	090
* Daniel S. Mazzuchi, MD	IM	134
* Mark D. Mc Allister, MD	FP	222
* Michael K. Mc Alvey, MD	FP	018
* Peter A. Mc Arthur, MD	FP	186
Stewart C. Mc Arthur, MD	GP	096
* M. T. Mc Auliffe, MD	IM	114
* Kevin D. Mc Bride, MD	FP	106
* Mary M. Mc Brien, MD	OTO	218
Thomas J. Mc Bryan, MD	IM	222
Lyman M. Mc Bryde, MD	GS	222
* John D. Mc Cabe, MD	EM	218
* W. Peter Mc Cabe, MD	PS	222
French H. Mc Cain, MD	IM	174
Marion G. Mc Call, MD	OPH	222
Benjamin D. Mc Callister	IM	218
* Kevin M. Mc Cann, MD	DR	034
* Peter M. Mc Cann, MD	OPH	174
* Kathleen A. Mc Carroll, MD	DR	174
* David D. Mc Carthy, MD	N	102
* James W. Mc Carthy, MD	PD	106
* Richard S. Mc Caughey, MD	GE	174
* Kenneth D. Mc Clatchey, MD	CLP	218
Adam C. Mc Clay, MD	ORS	070
* Cornelius E. Mc Cole, MD	OPH	222
John A. Mc Coll, MD	ORS	102
Lynne Mc Conkie		222
* Richard R. Mc Connell, MD	R	102
* Thomas M. Mc Connoll, MD	FP	082
* William J. Mc Cool, MD	OTO	070
* Mark S. Mc Cormick, MD	IM	102
* Thomas F. Mc Cormick, MD	PTH	222
* Thomas L. Mc Cormick, MD	DR	102
* Donald R. Mc Corvie, MD	FP	090
James Mc Court, MD	OBG	190
* Kellie Ann Mc Cowan		222
* H. J. Mc Coy, MD	IM	090
John W. Mc Crea, MD	GP	202
Alfred G. Mc Cuaig, MD	FP	034
* David R. Mc Cubbrey, MD	GS	218
* Frank B. Mc Cue, MD	FP	222
* Michael G. Mc Cue, MD	AN	174
* Hugh B. Mc Cullough, MD	FP	198
* James D. Mc Cullough, MD	A	174
* William L. Mc Cullough, MD	U	170
* Sue Ann Mc Cutcheon, MD	IM	174
* Mark L. Mc Dermott, MD	OPH	222
* Clifford L. Mc Donald, MD	IM	106
* H. M. Mc Donald, MD	PTH	194
* James L. Mc Donald, MD	A	102
* Kevin R. Mc Donald		222
* Robert J. Mc Donald, MD	OPH	174
* Thomas G. Mc Donald, MD	R	222
* William G. Mc Donald, MD	IM	222
* Daniel E. Mc Donnell, MD	PUD	170

Hugh D. Mc Eachran, MD	OTO	054
* Robert D. Mc Elhaney, MD	P	134
* Sean K. Mc Elhaney		090
* L. Robert Mc Elmurry, MD	GP	090
Leland R. Mc Elmurry, MD	GP	090
John E. Mc Enroe, MD	R	170
* Jeffrey A. Mc Erlean, MD	GS	174
Francis J. Mc Evoy, MD	GP	174
William G. Mc Ewen, MD	ORS	190
* Alan L. Mc Fadden, MD	AN	102
* Rodney K. Mc Farland, MD	ORS	022
* Earle J. Mc Garvah, MD	OBG	062
* Dennis E. Mc Geath, MD	PD	170
Harry B. Mc Gee, MD	OPH	190
* John A. Mc Gee, MD	PTH	098
* John W. Mc Gee, MD	R	034
* Matthew L. Mc Gee, MD	PM	222
* T. Manford Mc Gee, MD	OTO	174
* James S. Mc Geehan, MD	GS	206
* James E. Mc Gillicuddy, MD	GS	090
* John E. Mc Gillicuddy, MD	NS	218
Kenneth D. Mc Ginnis, MD	R	222
N. D. Mc Glaughlin, MD	FP	222
* Joseph W. Mc Goe, MD	D	222
* Martina G. Mc Gowan, MD	OBG	198
* John D. Mc Grae, MD	D	062
* David S. Mc Grahame, MD	IM	070
John F. Mc Guire, MD	NS	222
* John G. Mc Henry, MD	OPH	222
John T. Mc Henry, MD	N	222
* E. Brian Mc Hugh, MD	GP	162
* Timothy A. Mc Hugh, MD	U	218
Edna C. Mc Inerney, MD	GP	050
* Thomas S. Mc Inerney, MD	FP	174
* Barbara A. Mc Intosh, MD	IM	062
William B. Mc Intyre, MD	CD	222
* Orval I. Mc Kay, MD	GP	106
* Wendy Y. Mc Kay, MD	GP	222
George E. Mc Keever, MD	IM	222
* A. I. Mc Kendrick, MD	CRS	174
* Gregor M. Mc Kendrick, MD	CD	174
* Marvin J. Mc Kenney, MD	OPH	090
* Douglas E. Mc Kenzie, MD	FP	082
Robert E. Mc Knight, MD	GS	222
* Joanne W. Mc Kune, MD	FP	222
* Myrtle S. Mc Lain, MD	EM	106
* James T. Mc Laughlin, MD	PTH	222
* John H. Mc Laughlin, MD	GS	174
* John M. Mc Laughlin, MD	U	098
Jasper E. Mc Laurin, MD	N	222
Donald C. Mc Lean, MD	GS	222
* James A. Mc Lean, MD	A	218
Steven T. Mc Lean		222
* Douglas E. Mc Leamon, MD	FP	118
* Richard D. Mc Leary, MD	DR	218
* John T. Mc Lelland, MD	R	026
* Michael K. Mc Leod, MD	GS	218
* Peter K. Mc Leod, MD	R	062
* Michael D. Mc Manus, MD	OPH	070
* James O. Mc Meekin, MD	IM	090
* Mark R. Mc Murray, MD	ORS	170
* Richard J. Mc Murray, MD	OBG	062
* James M. Mc Murry, MD	U	222
John N. Mc Nair, MD	GYN	162
* Richard F. Mc Namara, MD	IM	106
* Gordon W. Mc Neal, MD	OBG	090
* G. Daniel Mc Neil, MD	IM	186
* Roger F. Mc Neill, MD	GS	222
* Michael S. Mc Nevin		222
Lawrence J. Mc Nichol, MD	IM	222
* Robert M. Mc Nier, MD	GE	190
* Raymond R. Mc Peek, MD	IM	106
* Mark C. Mc Quiggan, MD	U	174
* Ann R. Mc Reynolds, MD	OBG	222
Leo B. Mc Sherry, MD	AN	022
* Amanda Mc Tier, MD	OM	174
* Jon D. Mc Whirter, MD	D	026
* James D. Mc Alindon, MD	GS	062
Virginia McCandless, MD	PD	222
* Brian R. McCardell, MD	ORS	090
* Shirley A. McCormick, MD	FP	062
* Franklin D. McDonald, MD	IM	222
* Percy H. McDonald, MD	OTO	194
* Thomas A. McDonald, MD	IM	222
* Douglas L. McDonnell, MD	EM	034
* Julia H. McDonnell, MD	PD	218
* Thomas L. McElwee, MD	IM	106
Roscoe I. McFadden, MD	GP	214
* James L. McGauley, MD	NS	218
E. Michael McGowan, MD	D	154

McGowan

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* Asterisk beside name denotes AMA membership

McGraw

Joseph M. McGraw, MD	ORS	070
* John M. McIllduff, MD	CDS	062
* Michael A. McLlroy, MD	IM	222
Robert D. McIntosh, MD	OM	222
* Tracey L. McIntyre		222
* Mark K. McKain, MD	GS	174
* Theodore J. McKean		090
* James McKenna, MD	OTO	222
* Thomas J. McKeon, MD	IM	114
* Ronald L. McKey, MD	OPH	026
* Daniel G. McMurtrie, MD	OBG	218
William E. McNally, MD	PTH	102
Joseph M. McNamara, MD	GS	222
* William H. McNamara, MD	FP	150
* Kenneth J. McNamee, MD	ORS	158
* S. Gene McNeeley, MD	OBG	218
* Dale R. Mead, MD	ORS	106
* Marilee J. Mead, MD	HS	106
Steven J. Mead, ADM		222
* Timothy C. Mead, MD	ORS	162
Richard H. Meade, MD	TS	106
* Joseph M. Meadows, MD	P	218
* Theodore R. Meadows, MD	PTH	218
* Dennis E. Means, MD	OBG	098
* Eugene D. Means, MD	N	102
Robert J. Mearin, MD	P	070
Morris Medalie, MD	PD	222
* Vicente M. Medalle, MD	TS	062
Mark S. Medel, DDS		206
* Gideon D. Medina, MD	ORS	026
* Marcelino V. Medina, MD	GS	026
* Gil H. Mediodia, MD	EM	126
* Robert C. Medlar, MD	ORS	098
* Loren W. Meengs, MD	ORS	186
* Mark E. Meengs, MD	IM	162

Marvin B. Meengs, MD	GP	162
* William L. Meengs, MD	CD	170
* Jeffrey A. Meer, MD	IM	174
* Joseph R. Meerschaert, MD	PM	174
* M. Carmen Meerschaert, MD	IM	034
Bernard Meeuwssen, MD	U	186
* Perviz Meghnat, MD	OBG	218
* Branka DJ Megler, MD	AN	222
* Daniel DJ Megler, MD	OTO	222
* Christopher J. Mehall, MD	R	222
John N. Mehelas, MD	EM	222
* Abhay V. Mehendale, MD	PD	222
Gayle H. Mehney, MD	OPH	106
* Ali H. Mehran, MD	OBG	222
* Amir H. Mehregan, MD	D	158
* David A. Mehregan, MD	D	158
* Hareesh S. Mehta, MD	P	222
* Mahendra P. Mehta, MD	EM	062
* Manhar R. Mehta, MD	AN	098
* Rajnikant H. Mehta, MD	TR	154
* Virendra S. Mehta, MD	GS	222
* Donald A. Meier, MD	NM	174
Harold J. Meier, MD	ORS	030
Maurice D. Meier, MD	ORS	082
Walter A. Meier, MD	PH	158
* Vilnis Meiers, MD	PD	106
Richard K. Meils, MD	OBG	174
Albert H. Meinke, Jr., MD	GS	058
Richard K. Meinke, MD	GS	090
Edward H. Meisel, MD	FP	154
* Kimberly L. Meisenhelder	PD	218
* Jerry Meislisk, MD	OPH	218
Harry E. Meisner, MD	IM	174
* Venkata R. Meka, MD	AN	098
* Kathryn L. Mekaru, MD	OBG	142

Merchun

* Michael R. Mekaru, MD	PD	142
Leonard W. Melander, MD	IM	222
* Madeline Melencio-Posadas	IM	222
Hyman S. Mellen, MD	IM	222
* John D. Mellen, MD	R	174
* Raymond C. Mellinger, MD	IM	222
* James W. Melliush, MD	OPH	102
* Nestor Melnyczuk, MD	GP	222
* Anthony E. Melonakos, MD	ORS	158
* Bruce L. Melrose, MD	DR	162
* William C. Melton, MD	DR	222
* Daryl R. Melvin, MD	IM	090
* David P. Menapace, MD	OBG	106
* Rudolph E. MENCHI, MD	IM	222
* Richard Menczer, MD	OBG	222
* L. V. Mendelsohn, MD	IM	174
* David H. Mendelson, MD	ORS	174
* Herbert Mendelson, MD	ORS	222
* Robert W. Mendelson, MD	R	126
Alan M. Mendelsohn, MD	CRS	174
* K. Virender Mendiratta, MD	PUD	222
* E. M. Mendoza, Jr., MD	R	222
* Henry P. Mendoza, MD	IM	062
* Samuel Mendoza, MD	GP	222
* Henry H. Mendrek, MD	GS	062
* Myrna R. Meneses, MD	A	134
* Michael S. Menge, MD	OTO	174
* Robert A. Mengebier, MD	PTH	170
* Mark I. Menning, MD	CRS	090
* Mangaladevi Menon, MD	OBG	218
* Santha K. Menon, MD	GS	222
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* Richard B. Merkle, MD	AN	174
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* Richard C. Merriman, MD	PD	102
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Joanne E. Mertz, MD	PD	170
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* Thomas J. Mertz, MD	U	222
* Glenn E. Mertz, MD	FP	106
* Virginia Y. Mesa, MD	GPM	062
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* Michael P. Mesaros, MD	OPH	154
* Madjid Mesgarzakeh, MD	IM	222
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* J. Wesley Mesko, MD	ORS	090
* Andy L. Messenger, MD	D	090
* Greg G. Messenger, MD	D	090
* Jeffrey L. Messenger, MD	D	114
Henry D. Messer, MD	NS	222
* Edmund J. Messina, MD	N	206
* Alan S. Messinger, MD	PS	102
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* William J. Mestrezat, MD	OPH	062
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* Michael A. Meyer, DO	IM	034
Marjorie P. Meyers, MD	IM	222
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* Khalid A. Mian, MD	CD	102
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* Saeed A. Mian, MD	PD	098
* Cleon M. Michael, MD	P	222
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* Frederick Michael, DO	IM	222
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* Raouf A. Mikhail, MD	GS	062
* P. L. Mikkilineni, MD	IM	222
* Florence B. Mickle, MD	PTH	034
* Anis A. Milad, MD	OBG	174
* Michael F. Milan, MD	PS	174
* Patricia L. Milani, MD	EM	126
* Avery D. Milberger, MD	AN	222
* Lewis H. Milburn, MD	P	222
* Marsha Milburn, MD	FP	090
* Vytautas Mileris, MD	IM	222
* Brian J. Miles, MD	U	222
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* David A. Milko, MD	OTO	102
* David J. Millard, MD	FP	214
* Antonina Miller, MD	D	222
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* Barbara K. Miller, MD	GS	150
* Barry Miller, MD	PM	218
* Barry L. Miller, MD	IM	062
* Barry M. Miller, MD	P	218
* Bruce K. Miller, MD	IM	174
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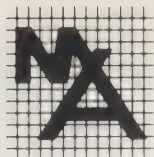
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* Gregory G. Montpetit, MD	IM	222
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Henry R. Mooi, MD	OBG	030
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* Alan L. Morgan, MD	GS	062

Dale K. Morgan, MD	FP	214
Donald N. Morgan, MD	OBG	222
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Leonard J. Morgrette, MD	GP	190
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Brenda L. Moskovitz, MD	OBG	174
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* Norman D. Moss, MD	OBG	222
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Mulhern

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Nathan D. Munro, MD	GS	098
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E. Grant Murphy, MD	PTH	062
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* James R. Murphy, MD	AN	174
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* John W. Murphy, MD	GS	174
* Melvin C. Murphy, MD	IM	222
* Miles J. Murphy, MD	OBG	106
* Patrick L. Murphy, MD	OPH	174
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Gordon M. Murray, MD	IM	222
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Kenneth W. Murray, MD	D	174
* Robert J. Murray, MD	FP	222
* Nagaprasad B. Murthi, MD	P	174
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Paul H. Muske, MD	OBG	222
* A. M. Mussani, MD	IM	222
* David M. Musselman, MD	PD	102
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* S. G. Muthuswami, MD	IM	194
* Basavaraj I. Mutnal, MD	IM	198
* Lalitha V. Mutnal, MD	AN	198
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* Natalia M. Muz, MD	OPH	222
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* Hossein Nabai, MD	D	222
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* Anne M. Nachazel, MD	OPH	222
* Alberto Nacif, MD	FP	118
* Beth L. Nadis, MD	PD	174
* David L. Nadolski, MD	IM	154
* Ramanathan Nagappan, MD	IM	090
* Marigowda Nagaraju, MD	IM	062
* Sachin B. Nagarkar, MD	P	022
* R. V. Nagesh, MD	IM	098
* Conrad E. Nagle, MD	NM	174
* Donald F. Nagler, MD	IM	096
* Harman J. Nagler, MD	PD	090
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Archie S. Narotzky, MD	GS	134
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Edward B. Nash, MD	OBG	222
* Sharon W. Nash, MD	FP	094
* Sulayman H. Nassar, MD	FP	062
* William K. Nasso, MD	IM	222
* Joanne E. Natale	IM	090
Carmen A. Natali, MD	P	034
* Milton L. Nathanson, MD	OBG	174
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Cornelius A. Navori, MD	OBG	222
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Robert B. Neale, MD	R	082
* Edward J. Nebel, MD	ORS	194
Walter G. Neeb, MD	OPH	222
* Aaron N. Neely		222
James C. Neering, MD	R	090
Adrian J. Neerken, MD	TS	102
* Frank R. Neher, MD	IM	218
* Anthony J. Nehra, MD	OBG	174
John M. Nehra, MD	OBG	222
* Paul C. Nehra, MD	OBG	222
* Alan D. Neiberg, MD	IM	090
* Thomas Neidlinger, MD	FP	034
* Jeffrey D. Neill, MD	END	154
* Corrine Nellis-Godwin, MD	P	126
* Allan D. Nelson, MD	FP	138
* Christine A. Nelson, MD	OPH	218
Darwin M. Nelson, MD	GP	222
* Denton W. Nelson, MD	OTO	070
* Kenneth R. Nelson, MD	IM	106
* Mark L. Nelson, MD	D	174
* Merlin V. Nelson		222
* Norman A. Nelson, MD	IM	222
Oscar A. Nelson, MD	GP	190
* Pamela J. Nelson, MD	FP	102
* Richard J. Nelson, MD	OTO	222
Roger B. Nelson, MD	OBG	174
* Terry L. Nelson, MD	ORS	102
* Timothy A. Nelson, MD	IM	074
* William D. Nelson, MD	FP	162
* Cynthia A. Nepjuk, MD	R	222
* Jesus Neri, Jr., MD	GS	014
* Jose V. Neri, MD	PD	174
* Ronald D. Nervig, MD	P	070
* Frank A. Nesi, MD	OPH	222
Jack H. Nessel, MD	FP	174
* Robert C. Nestor, DO	ORS	174
* Robert H. Nettleman, MD	FP	166
William E. Nettleman, MD	GP	030
* Robert J. Netzel, MD	OPH	174
* Michael L. Netzloff, MD	PD	090
* James M. Neubeck, MD	OBG	062
* Jonathon M. Neufeld, MD	FP	134
* Paul N. Neufeld, MD	GS	222
* John R. Neuman, MD	GP	090
* Leslie A. Neuman, MD	N	106
* Jon L. Neumann, MD	PTH	034
* Kurt H. Neumann, MD	IM	174
* Lynn P. Nevin, MD	FP	150
* Edward E. Newcomb, MD	FP	170
* Keith J. Newell, MD	FP	142
* Patricia A. Newhouse, MD	PTH	042
* Peter A. Newhouse, MD	FP	102
* Robert L. Newhouse, MD	P	070
* Nancy S. Newlin, MD	R	114
* Donald L. Newman, MD	FP	174
* Frank J. Newman, MD	PS	102

* M. Haskell Newman, MD	PS	218
Max K. Newman, MD	PM	174
* Steven E. Newman, MD	N	174
* Barnabas Newton, MD	PTH	090
Charles W. Newton, Jr., MD	OBG	218
* Charles W. Newton, III, MD	OBG	106
* John P. Newton, MD	FP	106
* Kenneth K. Newton, MDI	M	222
* Richard Y. Ng, MD	FP	174
* Chi-Vu Q. Nguyen		090
* Nguyet M. Nguyen		222
* Quan D. Nguyen, MD	FP	090
* Robert Niccolini, MD	P	222
Samuel J. Nickamin, MD	PD	174
* C. T. Nicholas, MD	ORS	102
Mildred V. Nicholas, MD	PH	090
Michael W. Nichols		090
* Richard D. Nichols, MD	OTO	222
* Wallace Nichols, MD	PD	222
Robert M. Nicholson, MD	PD	102
* Robert M. Nicholson, III, MD	AN	102
* Jeffrey R. Nickel		218
Ivey D. Nickerson, MD	AN	174
* James M. Nickerson, MD	ON	070
* Fazlollah A. Nickhah, MD	GS	218
* Peter A. Nickles, MD	PD	222
* G. Michael Nidiffer, MD	PD	134
* D. C. Niederluecke, MD	OBG	174
Harold H. Niekamp, MD	ORS	098
Aage E. Nielsen, MD	NS	222
Richard C. Nielsen, MD	IM	070
Herbert L. Nigg, MD	GS	210
* Suraj P. Nighnon, MD	IM	222
Norman D. Nigro, MD	CRS	222
* Manouchehr Nikpour, MD	NS	126
* Paul T. Niland, MD	R	090
* Jacob C. Ninan, MD	ON	190
* Charles L. Nino, MD	IM	174
* Luis A. Nino, MD	FP	222
Thomas A. Nique, MD	AN	174
* Steven M. Nitsch, MD	PS	102
* Donald A. Nitz, MD	FP	062
* Richard A. Nivala, MD	AN	102
* Robert G. Niven, MD	P	174
* John C. Nixon, MD	HEM	218
* Melvin L. Noah, MD	OBG	106
Paul R. Noble, MD	R	190
* Susan C. Noble, MD	D	070
William C. Noble, MD	GS	222
F. Elsie Noe, MD	AN	222
* Justine M. Noel, MD	IM	174
* Stephen H. Noel, MD	ORS	042
* Raymond C. Noellert, MD	ORS	218
* Mark A. Noffsinger, MD	ORS	102
* Edward A. Noi, MD	P	174
* Brian M. Nolan, MD	PD	062
* David C. Nolan, MD	IM	142
Renato N. Nolasco, MD	GS	218
* Robert T. Nolta, MD	OM	174
* Richard E. Noon, MD	R	174
* Catherine A. Nordby, MD	D	222
Anne F. Norgan, MD	P	034
* Aurea Noronha, MD	AN	218
* Linda D. Norrell, MD	FP	062
* Kimberly J. Norris, MD	OPH	018
* Rebecca M. Norris, MD	END	102
David C. Northcross, MD	GS	222
* Gale S. Northcross, MD	GP	222
* Ellen C. Norton, MD	P	106
* Martin L. Norton, MD	AN	218
Joseph I. Nosanchuk, MD	FP	174
* Michael S. Nosanov, MD	OTO	018
William C. Noshay, MD	N	222
Jon E. Notarnicola		222
* Douglas D. Notman, MD	IM	106
Richard L. Novack, MD	GS	130
* Anna Novak, MD	EM	102
Ervin Novak, MD	D	102
* Gary A. Novak, MD	OBG	102
* Michael E. Novak, MD	U	106
* Martin I. Noveck, MD	AN	174
* Jay I. Novetsky, MD	OPH	126
* Elmer L. Novis, MD	GP	090
* Pamela S. Nowak		222
* Peggyann Nowak, MD	OTO	174
* Richard M. Nowak, MD	EM	222
* Suzanne M. Nowak, MD	GS	102
* Kenneth M. Nowicki, MD	R	222
* Marie C. Nowosielski, MD	IM	126
Peter F. Nowosielski, MD	FP	126

Nowosielski

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* Asterisk beside name denotes AMA membership

Nucum

* Antonio S. Nucum, MD	IM	174
* Daryl H. Nucum		222
* Bruce W. Nugent, MD	EM	106
* Clark E. Nugent, MD	OBG	218
* Crumsan Nundkumar, MD	OBG	062
* Mario M. Nunez, MD	R	050
James W. Nunn, MD	IM	174
Helen M. Nutting, MD	PD	126
* William G. Nutting, MD	U	222
* Chukwuneta Nwokedi, MD	OBG	222
* Samuel S. O. Nwosu, MD	OBG	222
Jan Nyboer, MD	CD	222
Victor J. Nyboer, MD	PM	222
Clarence B. Nyce, MD	FP	102
* Benjamin W. Nykamp, MD	D	186
* J. S. Nystrom, MD	ON	222

O

* Dermot D. O'Brien, MD	FP	190
Donald E. O'Brien, MD	IM	066
* James D. O'Brien, MD	FP	106
* James G. O'Brien, MD	FP	090
* John M. O'Brien, MD	FP	218
* Kevin M. O'Brien, MD	R	222
* Mark S. O'Brien, MD	IM	106
* Thomas K. O'Brien, MD	IM	218
* Robert M. O'Bryan, MD	ON	222
* Gerald A. O'Connor, MD	ORS	218
Katheryn L. O'Connor, MD	IM	222
* Patrick L. O'Connor, MD	ORS	102
* Richard P. O'Connor, Jr.	IM	106
Charles W. O'Dell, MD	GP	198
* Charles W. O'Dell, Jr., MD	DR	034
* Frederick C. O'Dell, Jr.	GS	014
* John B. O'Donnell, MD	HEM	106
* Joseph R. O'Donnell, MD	NS	106
* Kevin T. O'Donnell, MD	U	174
* James E. O'Dorisio, MD	CDS	026
Stacy L. O'Dowd		222
* William G. O'Driscoll, MD	IM	106
* Catherine M. O'Gawa, MD	D	222
* Gilbert M. O'Gawa, MD	OPH	170
* John P. O'Hara, III, MD	ORS	174
* N. Thomas O'Keefe, MD	OPH	170
* Thomas J. O'Keefe, MD	ORS	218
* Edward R. O'Malley, MD	OPH	222
* R. J. O'Malley, MD	GP	094
* Fredric J. O'Neill, MD	AN	070
* James A. O'Neill, MD	PD	174
* Kenneth J. O'Neill, MD	IM	026
* Leonard T. O'Neill, MD	IM	070
* John G. O'Rourke, MD	OBG	098
* Vincent R. O'Shee, MD	OBG	126
G. S. O'Sullivan, MD	P	034
* John A. O'Sullivan, MD	OBG	218
John J. O'Toole, MD	OPH	026
Charles W. Oakes, MD	FP	086
* Robert W. Oakes, MD	FP	034
* Samuel M. Oates, MD	GS	106
* Melvin D. Oatis		222
* Erfan A. Obeid, MD	GS	222
* Mark C. Oberdoerster, MD	IM	218
* Harold A. Oberman, MD	CLP	218
* Hanna Obertynski, MD	OPH	222
* Carlos Obregon, MD	PTH	222
* Jeffrey G. Obbron, MD	OBG	174
* David E. Obudzinski, MD	PD	174
* Manuela B. Ocampo, MD	OBG	222
* Jaroslav Oceretko, MD	AN	114
* Deborah J. Ochs, MD	PUD	070
Paul J. Ochsner, MD	OM	090
* Amy E. Odgers		222
* J. Ronald Oehler, MD	EM	218
* Joseph T. Oettinger, MD	OBG	106
* Andrew S. Ogawa, MD	OPH	126
* Vladimir M. Ognenovski, MD	IM	222
* Tina I. Ogomaka		222
* Dong-Whan Oh, MD	TR	062
* Henry K. Oh, MD	GS	222
* Jae H. Oh, MD	OBG	022
* Sang H. Oh, MD	OBG	022
* Dana A. Ohl, MD	U	218
* Jordan Ohl, MD	PTH	222
* Dong-Wha Ohm, MD	GS	062
* Bruce R. Ohmart, MD	ORS	014
* David L. Ohmart, MD	PD	010
* Julius M. Ohorodnik, MD	PTH	222

* Angel A. Ojeda, MD	OBG	126
* David E. Ojeda, MD	AN	062
* Pedro A. Ojeda, MD	CHP	090
* Sachiko K. Okamoto, MD	GP	162
* Per Lamont Okey, MD	FP	114
* Yoshio Okumura, MD	AN	174
* Steven E. Olchowski, MD	CRS	222
* William F. Old, MD	OPH	034
* Joseph R. Oldford, MD	U	222
* Harvey A. Olds, MD	PD	062
Mary R. Oldt, MD	PTH	062
* Gil Olegario, MD	PTH	218
* Paul G. Olejniczak, MD	PM	218
Stanley P. Oleksy, MD	OPH	098
Alex Olen, MD	FP	222
* David J. Olen, MD	P	174
John R. Olenyn, MD	ORS	174
* Marian E. Oleszkowicz, MD	IM	106
* Sezai M. Olgac, MD	PD	022
* Elmon Oliver, Jr., MD	AN	102
* Timothy D. Oliver, MD	FP	206
George S. Olmsted, MD	OBG	222
Bruce C. Olsen, MD	FP	162
Richard E. Olsen, MD	FP	150
* David L. Olson, MD	FP	150
* David S. Olson, MD	PD	070
James A. Olson, MD	OPH	222
* Karin E. Olson, MD	P	070
* Nels R. Olson, MD	OTO	218
* Rick E. Olson, MD	NS	174
* Walter R. Olson, MD	GS	134
* Esha Omair		222
* Baha Onder, MD	FP	174
* Kebuter Onder, MD	IM	126
* Robert M. Oneal, MD	PS	218
* Logan A. Oney, MD	IM	222
Onyinye C. Onyekwere		090
* O. Abraham Oommen, MD	IM	074
* Anne F. Oostendorp, MD	PDR	106
* John W. Oostendorp, MD	IM	186
* Leon D. Oostendorp, MD	GS	106
Donna L. Opie, MD	PD	174
Joseph M. Oppenheim, MD	IM	222
Charles L. Oppy, MD	GP	150
* Michael G. Opsommer		222
* Emeka S. Oraka, MD	R	134
* Mariano L. Orca, MD	U	198
* Robinson U. Ordonia, MD	PS	174
* Harvey Organek, MD	PUD	174
* Gordon K. Orgler, MD	OM	154
Angela Orlando		222
* Romuald J. Orlowski, MD	P	098
* Robert S. Ormond, MD	R	062
Roland B. Ormsbee, MD	R	198
Robert S. Ort, MD	P	090
* Jesus Ortega, MD	IM	222
* Armando Ortiz, MD	NS	222
* Eduardo Ortiz, MD	OBG	114
* Rafael I. Ortiz, MD	AN	190
* Rustico B. Ortiz, MD	IM	190
* Brian L. Ortman, MD	ORS	062
* Ralph W. Ortwig, MD	OTO	106
* Robert W. Orzechowski, MD	IM	126
* Geoffrey D. Osgood, MD	PS	194
* David L. Osher, MD	DR	222
Seymour L. Osher, MD	IM	062
* Richard R. Oslund, MD	R	162
* Mitchel Osman, MD	P	096
* Robert L. Osmer, MD	GS	206
* Luis Ospina, MD	IM	174
* Mark S. Ostahowski, MD	FP	154
Harold L. Oster, MD	IM	190
* Luis E. Osterberger, MD	CD	222
* Janet R. Osuch, MD	GS	090
* Marjorie H. Otero, MD	PD	062
* Renato A. Oteyza, MD	GS	218
* Gary G. Otsuji, MD	FP	174
Harold A. Ott, MD	OBG	174
* David T. Ottenbaker, MD	FP	186
* Henry Ottens, MD	ORS	186
* S. E. Ottenweller, MD	GS	106
Donald L. Otto, MD	R	222
* Howard E. Otto, MD	PTH	170
* Kenneth A. Otto, MD	OPH	162
* Michael H. Otto, MD	ID	218
* Leo D. Ottoni, Jr., MD	ORS	222
* Michael V. Ouimette, MD	DR	090
* Mustafa E. Ovacic, MD	PD	218
Charles B. Overbey, MD	P	102
* George E. Overly, MD	FP	162

* Donald C. Overy, MD	CD	174
* David L. Oviatt, MD	IM	106
Kironda Owens		222
* Clyde L. Owings, MD	PD	218
* Dennis R. Ownby, MD	PD	222
* Winifred A. Oyen, MD	PH	154
* Mehmet N. Ozdaglar, MD	GS	174
Selcuk M. Ozil, MD	PD	222
* Avni D. Ozkan, MD	P	106
* Andis E. Ozolins, MD	IM	174

P

* Donald Paarlberg, MD	ORS	030
* James D. Paauw, MD	GS	106
* C. J. Pabian, MD	FP	222
* Anthony Pacek, MD	IM	218
* Robert L. Pacer, MD	IM	070
Marc Pachio, MD	GP	126
* Marlis S. Pacifico, MD	IM	218
* Larry L. Pack, MD	ORS	062
* James E. Packer, MD	FP	190
* Robert C. Packer, MD	OPH	162
* Artemio E. Pacquing, MD	GS	174
* John C. Padgett, MD	ORS	222
* Robert C. Padilla, MD	IM	174
* Sinforoso S. Padilla, MD	GS	178
* Anitha R. Padmanabhan, MD	P	174
* Barbara Ann Page, MD	N	102
* Gordon A. Page, Jr., MD	GP	095
* Robert B. Page, MD	PD	102
* Timothy P. Page		222
Jon D. Paget, MD	FP	090
* Edgardo G. Paguio, MD	R	062
* Jaak M. Pahn, MD	FP	042
* Gena R. Pahucki, MD	OBG	218
* Divakar Pai, MD	IM	174
* John S. H. Pai, MD	P	102
* Butchi B. Paidipaty, MD	IM	222
* Nagendram Paidisetty, MD	P	222
* Lee Do Paik, MD	AN	174
* Moon-Ki Paik, MD	OBG	126
* Sung K. Paik, MD	R	218
Robert H. Painter, MD	AN	094
* Choon Whan Pak, MD	AN	174
* Moon J. Pak, MD	IM	174
* Sreedhar A. Paknikar, MD	PD	194
* A. A. Palacio-Chang, MD	IM	222
* L. P. Palad, Jr., MD	AN	222
* Theresa A. Palaszczek, MD	OBG	106
* James V. Palazzolo, MD	IM	222
* Michael J. Paletta, MD	IM	174
* Carl E. Palfy, MD	IM	174
* Nancy K. Palis		090
* Harry T. Pall, MD	AN	170
* Dimitri S. Pallas, MD	CD	222
Peter Palmer, MD	ORS	222
* Steven S. Palmer, MD	OPH	106
* Thomas R. Palmer, MD	FP	222
Ignatius J. Palmisano, MD	GS	222
* Fouad Panah, MD	R	174
* Jalal Panah, MD	OBG	174
* Parviz Panahi, MD	PD	218
* Sujit K. Pandit, MD	AN	218
* Sunil P. Pandit, MD	AN	190
* Vinenda T. Pandjaitan, MD	OBG	026
* Hareesh B. Pankraz, MD	PD	094
* Harivallabh Pandya, MD	IM	222
* Pragna H. Pandya, MD	PD	094
* J. Rajkumar Pandyan, MD	GS	062
* Rajeevi Pandyan, MD	OBG	062
* P. H. Pangilian, MD	GS	222
* Sandhya Panguluri, MD	IM	222
* Hussein H. Panju, MD	IM	222
* Dennis J. Pank, MD	FP	062
* Dana D. Panknin, MD	FP	014
* Douglas G. Pankratz, MD	ORS	086
Sambhu P. Pant, MD	GP	222
* L. Pantig-Felix, MD	IM	126
Nana N. Pantos,	OBG	222
* Theodore G. Pantos, MD	U	222
* Daniel E. Panush, MD	IM	174
* John M. Pap, MD	IM	134
* Stephen M. Papadopoulos	NS	222
* Helen A. Papaioanou, MD	AI	222
* Pamela C. Papas-Corden, MD	PTH	174
* Hina P. Papo, MD	IM	218
Michael A. Papo, MD	IM	218

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* Asterisk beside name denotes AMA membership

Papp

* John P. Papp, MD	IM	106
* Lisa M. Pappalardo		222
* John L. Pappas, MD	AN	174
* Michael D. Pappas, MD	PD	174
* S. John Pappas, MD	IM	222
* Spyro G. Pappas, MD	OBG	222
* Harold C. Papsos, MD	R	126
* Kenneth A. Parada, MD	FP	170
* Christine M. Parcells, MD	P	222
* Krishnakumar H. Pardanani	PD	222
* Christina D. Paregis, MD	PM	026
* Dhanvant V. Parekh, MD	OBG	222
* Jayant N. Parekh, MD	AN	222
* N. J. Parekh, MD	DR	222
* Virender D. Parekh, MD	IM	194
* Arsenio T. Parial, MD	OPH	198
* Evelina M. Parial, MD	OPH	198
* Rasik Parikh, MD	IM	174
* Tushar S. Parikh, MD	DR	222
* Vrajmohan Parikh, MD	IM	194
* Anthony M. Parillo, MD	R	062
* Delmo A. Paris, MD	IM	126
* S. William Paris, MD	A	174
* Chan Kee Park, MD	OBG	126
* Chanok H. Park, MD	IM	126
* Che S. Park, MD	CRS	190
* Chong Hoon Park, MD	IM	118
* Hee D. Park, MD	GS	062
* Helen C. Park, MD	OBG	118
* Hi Sung Park, MD	NEP	102
* Joon H. Park, MD	OPH	062
* Joung H. Park, MD	IM	222
* Ro Jong Park, MD	GS	198
* Sai Rok Park, MD	OBG	174
* Tae S. Park, MD	GS	218
* Tae W. Park, MD	P	222
* Thomas T. Park, MD	P	222
* Yong H. Park, MD	TS	118
* Donald C. Parker, MD	R	114
* Jeffrey Parker, MD	IM	222
* John C. Parker, MD	OBG	098
* Larry K. Parker, MD	OBG	102
* Walter G. Parker, MD	PD	222
* Michael J. Parks, MD	ORS	214
* Sheryl L. Parks, MD	OBG	222
* Burt A. Parliament, MD	GS	062
* Michael D. Parmer, DO	GP	226
* Leo Parnagian, MD	GS	126
* Anthony J. Parnello, MD	OBG	090
* Kris Parnicky, MD	FP	222
* Rufus H. Parrish, MD	P	222
* Eleanor M. Parshall, MD	FP	114
* Cheryl L. Parsons, MD	FP	014
* Mary H. Parsons, MD	IM	222
* Richard W. Partridge, MD	R	106
* S.R.A. Paruchuri, MD	AN	190
* Kishore B. Paruchuri, MD	AN	062
* Arturo V. Pascual, MD	IM	222
* Lawrence I. Pasik, MD	A	174
* John E. Pasko, Jr., MD	GS	158
* Francis C. Pasley, MD	CHP	218
* Sunil Pasricha, MD	GE	102
* Donald B. Passal, MD	PD	190
* Peter P. Passamani, MD	OTO	126
* William J. Passinault, MD	GS	106
* Benjamin A. Passos, MD	OBG	222
* Andrew V. Pasternak, MD	P	174
* Krystyna G. Pastorska, MD	PD	222
* D. V. Pasupuleti, MD	N	062
* Ajit D. Patel, MD	IM	222
* Arun G. Patel, MD	DR	222
* Arvindkumar U. Patel, MD	AN	222
* Ashvin A. Patel		222
* Atulkumar S. Patel, MD	IM	174
* B. G. Patel, MD	FP	174
* Bharat K. Patel, MD	IM	222
* Daxika A. Patel, MD	PD	222
* Ghanshyam N. Patel, MD	IM	126
* Hasmukh I. Patel, MD	R	090
* Jashu R. Patel, MD	CD	098
* Jashubhai N. Patel, MD	GS	038
* Kapilbhai C. Patel, MD	PD	222
* Kiritkumar C. Patel, MD	IM	174
* Lopamudra A. Patel, MD	PM	174
* Madhubala C. Patel, MD	R	222
* Maheshkumar A. Patel, MD	IM	222
* Mayur M. Patel, MD	IM	222
* Mohamed A. Patel, MD	OBG	222
* Narendra R. Patel, MD	N	090
* Piyush C. Patel, MD	R	098

Pensler

* Pravin C. Patel, MD	OM	106
* Renuka M. Patel, MD	DR	222
* Sudhanshu H. Patel, MD	IM	222
* Suresh C. Patel, MD	R	222
* Taru P. Patel, MD	FP	106
* Vina R. Patel, MD	PD	062
* Vishnubhai U. Patel, MD	GS	174
* Blake M. Paterson, MD	AN	218
* Lester C. Paterson, MD	PD	162
* Roger D. Paterson, MD	FP	130
* Khushal D. Patil, MD	CDS	102
* Lingraj S. Patil, MD	PUD	174
* Martin C. Patrias, MD	OPH	098
* Michael A. Patt, MD	AN	174
* Gregg A. Patten, MD	PUD	098
* Cheryl A. Patterson, MD	AN	222
* Fred E. Patterson, MD	R	218
* Grace W. Patterson		222
* James A. Patterson, MD	EM	162
* William F. Patton, MD	IM	218
* Marshall Pattullo, MD	ORS	106
* Lawrence H. Patzelt, MD	TS	106
* Lloyd J. Paul, MD	IM	222
* Lowell S. Paul, MD	IM	174
* Sander J. Paul, MD	IM	174
* Sukhamoy Paul, MD	IM	222
* Francis J. Pauli, MD	R	218
* Jose M. Pavia, MD	GP	222
* Lawrence E. Pawl, MD	IM	106
* Robert E. Paxton, MD	FP	166
* Norman P. Payea, MD	GP	095
* Richard P. Payea, MD	FP	095
* Andrew K. Payne, MD	R	098
* Beverly C. Payne, MD	IM	218
* C. Allen Payne, MD	PTH	106
* Charles E. Payne, MD	P	026
* David H. Payne, MD	IM	226
* Thomas C. Payne, MD	R	090
* Walter A. Payne, MD	IM	222
* Charles F. Payton, MD	PD	174
* Arturo Paz-Esquerre, MD	NS	222
* Edward Pazuchowski, MD	FP	126
* Charles O. Peake, MD	OBG	102
* Edward J. Pearce, II, MD	IM	222
* Jay L. Pearlberg, MD	DR	222
* Mark D. Pearlman, MD	OBG	218
* Martin E. Pearlman, MD	OPH	090
* Ralph D. Pearlman, MD	GS	174
* Robert A. Pearlman, MD	P	174
* Harry A. Pearce, MD	OBG	222
* Delbert E. Pearson, MD	PD	218
* Donald J. Pearson, MD	CRS	034
* Edwin O. Pearson, MD	DR	102
* Marlin J. Pearson, MD	P	218
* Stanley M. Pearson, MD	GP	022
* Wallace G. Pearson, MD	OBG	134
* Rodney D. Pease, DO	AN	106
* Aida Pech, MD	PD	222
* Stephen L. Peck, MD	CD	102
* John R. Pedden, MD	IM	106
* Leon E. Pedell, MD	IM	174
* Alicia A. Pedelty, MD	GP	166
* Norman L. Pedelty, MD	GP	166
* B. L. Pederson, MD	OBG	022
* J.W. Peelen, MD	OBG	102
* Dale C. Peerbolte, MD	OM	102
* Ronald C. Peets, MD	FP	090
* James F. Peggs, MD	FP	218
* Michael J. Peikert, MD	EM	102
* David B. Peirce, MD	IM	214
* Diane L. Peirce, MD	IM	102
* William H. Peirce, MD	PD	174
* John M. Pelachyk, MD	D	194
* Joel L. Pelavin, MD	OPH	222
* Ronald D. Pelavin, MD	IM	174
* Walter E. Pelczar, MD	AN	022
* Robert R. Peleman, MD	AN	126
* Tamara L. Pelish, MD	OBG	218
* Paula M. Pelikola		090
* Larry R. Pelok, MD	CRS	222
* Maurice S. Pelto, MD	R	070
* Emilio F. Pena, MD	CD	158
* George V. Pender, MD	ORS	222
* John M. Pendy, MD	ORS	222
* Jane F. Pene't		222
* Benjamin Peng, MD	OTO	222
* Regio T. Penna, MD	CLP	030
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* J. S. Pensavecchia, MD	AN	174
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Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

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Alexander C. Perez, MD		222
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* Raja Kumari Pemi, MD	P	222
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Gary L. Perrault, MD	GS	174
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Florence J. C. Perry, MD		118
* Harold Perry, MD	TR	222
Joseph H. Perry, MD	IM	222
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Thomas J. Petinga, Sr., MD	PTH	110
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* Frank L. Pettinga, MD	GP	162
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* John R. Pfeifer, MD	CDS	174
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* David C. Phillips, MD	EM	102
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* Eric H. Phillips, MD	GPM	102
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Woodrow H. Pickering, MD	FP	062
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* John F. Pillote, MD	R	134
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* Michael H. Piper, MD	GE	126
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* Luis A. Pomodoro, MD	P	222
Lesly Pompey, MD	AN	158
* Aida B. Ponce, MD	PD	190
Janis Pone, MD	FP	010
Joseph L. Ponka, MD	GS	222
* Daniel M. Pontius, DO	GS	204
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* Jack E. Rank, MD	PD	190
* Richard M. Rankl, MD	FP	062
Kenneth I. Ranney, MD	OBG	174
* Eero J. Ranta, MD	IM	042
* Lori S. Rantal, MD	OBG	174
* Chalichama A. Rao, MD	P	190
* Chintamaneni B. Rao, MD	PD	134
* Dwarakanath G. Rao, MD	P	218
* Jehangir N. Rao, MD	IM	222
* Katikineni V. Rao, MD	PD	098
* Kondraganti P. Rao, MD	AN	222
* Minoo K. Rao, MD	TS	190
* Naraharisetty V. Rao, MD	AN	062
* Shakuntala B. Rao, MD	R	222
* Sudhaker D. Rao, MD	IM	222
* Zerin J. Rao, MD	R	174
* Ralph W. Raper, MD	IM	222
* Judith G. Rapp, MD	AN	222
* Lawrence G. Rapp, MD	NS	174
* Robert Rapp, MD	R	218
Seymour L. Rapp, MD	GS	222
* Steven M. Rapp, MD	NS	174
Richard L. Rapport, MD	TS	062
* Christopher J. Rasak, MD	FP	222
* Dennis A. Rasbach, MD	GS	026
* Abdul Rasheed, MD	OBG	214
* Abdur Rasheed, MD	PD	222
* Rashad M. Rashid, MD	OBG	110
* Tariq Rashid, MD	R	222
* Kyle A. Rasikas, MD	IM	106
* Carl A. Rasimas, MD	ORS	222
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* Michael J. Raster		222
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* John M. Ratchford, MD	IM	162
Robert J. Rathburn, MD	EM	062
* Christopher J. Rathfoot		090
* William H. Rattner, MD	U	222
* Sanford J. Rautbort, MD	PUD	174
* Edith V. Ravasz, MD	IM	126
Clara Raven, MD	CLP	222
* S. R. Ravi, MD	PD	214
* Valiya V. Ravi, MD	GE	222
* Thammadi Ravikant, MD	GS	174
* K. P. Ravikrishnan, MD	IM	174
* K. K. Ravindran, MD	CD	190
Louis A. Ravitz, MD	GP	222
* Harish Rawal, MD	NS	098
* James R. Rawlinson, MD	FP	090
Amos P. Rawson, MD	GP	114
* Larry F. Rawsthorne, MD	IM	090
* Asit K. Ray, MD	PM	222
Dean K. Ray, MD	GS	026
Frank S. Ray		090
* Kenneth J. Ray, MD	GP	222
* John A. Raymond, MD	R	226
* Licia L. Raymond, MD	OBG	134
* Renato L. Raymundo, MD	AN	222
* Floro V. Rayos, MD	IM	222
* S. Raythatha, MD	FP	086
* M. A. Razzaque, MD	IM	222
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Harold R. Reames, MD	PD	102
John W. Rebeck, MD	HEM	222
William R. Rech, MD	FP	174
* Stephen F. Rechner, MD	OBG	106
* Fredrick E. Rector, MD	GS	222
* N. N. Reddi, MD	IM	126
* Foster K. Redding, MD	N	222
* Beeravolu R. Reddy, MD	IM	194
* Chada N. Reddy, MD	FP	222
* Chakradhar C. Reddy, MD	IM	126
* Chandra S. Reddy, MD	CD	174
* Daniel J. Reddy, MD	GS	222
* Gunda S. Reddy, MD	IM	110
* Juvaala M. Reddy, MD	P	174
* Kallam S. Reddy, MD	AN	222
* Madhusudan C. Reddy, MD	IM	194
* P. Banda Reddy, MD	IM	222
* Prabhakar N. Reddy, MD	GS	126
* Prathima Reddy		222
* Sadasiva T. Reddy, MD	R	098
* Sadda V. Reddy, MD	NS	062
* Sudarshan R. Reddy, MD	PS	126
* Suguna C. Reddy, MD	P	174
Sushma R. Reddy, MD	IM	194

* Valluru C. Reddy, MD	IM	022
* Vangala P. Reddy, MD	OBG	030
* Vinay N. Reddy, MD		174
Benjamin Reder, MD	IM	222
W. Earl Redfern, MD	IM	222
* Nicholas P. Redfield, MD	OT	190
* Stephen D. Redman, MD	FP	154
* William B. Redmon, MD	ORS	154
* Michael J. Redmond, MD	D	222
* David G. Reed, MD	FP	126
* David M. Reed, MD	P	134
* Donald N. Reed, Jr., MD	GS	062
* Jesse H. Reed, MD	FP	158
Joseph O. Reed, MD	R	222
* Melvin L. Reed, MD	IM	222
* Robert E. Reed, MD	IM	106
* Riley S. Rees, MD	PS	218
* Felipe H. Regualos, MD	IM	034
* Ahmed Rehan, MD	IM	218
* Randall L. Reher, MD	IM	222
* Patricia L. Rehfield, DO	GP	186
* Khawaja H. Rehman, MD	P	114
* Bruce A. Reichardt, MD	PTH	162
* Carl E. Reichert, MD	ORS	218
* Rudolph E. Reichert, MD	IM	222
Joseph J. Reichman, MD	IM	190
* John H. Reid, MD	PD	062
* Michele I. Reid, MD	P	222
* Richard Reid, MD	GYN	222
* Robert E. Reid, MD	OBG	174
* William U. Reidt, MD	IM	126
* James E. Reif, MD	GS	154
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Morris V. Reiff, MD	GP	222
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* T. J. Reigel, Jr., MD	PD	102
* Frederick C. Reigle, MD	GP	030
* Patricia M. Reilly		090
* Richard C. Reilly, MD	ORS	174
* Nick J. Reina, MD	PM	194
* Hanna M. Reincke, MD	N	218
* Donald B. Reinders, MD	FP	166
* Evan J. Reinders, MD	A	162
* Conrad J. Reinhard, MD	OBG	062
* Richard E. Reinhard, MD	U	222
* Melvin J. Reinhart, MD	P	218
* F. T. Reinick, MD	ORS	102
* Emanuel R. Reinitz, MD	GS	222
* Bruce M. Reinoehl, MD	EM	090
* P. Graydon Reinoehl, MD	FP	214
* Earl J. Reisdorff, MD	EM	090
Albert H. Reisig, MD	IM	158
Robert O. Reisig, MD	OPH	222
Samuel G. Reisman, MD	GS	222
* Claude R. Reitelman, MD	U	222
Maurice S. Reizen, MD	PH	090
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* James E. Remski, MD	GS	222
* Louis C. Remynse, III, MD	U	026
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* George L. Reno, MD	U	222
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* Dionisio M. Revita, MD	OM	222
* Jaime J. Rey, MD	PTH	222
George H. Reye, MD	P	062
* Fredric A. Reyelts, MD	FP	106
* David C. Reyes, MD	TS	022
* Eduardo L. Reyes, MD	IM	062
* Gerardo D. Reyes, MD	GS	190
* Isabello C. Reyes, MD	IM	174
* Milagros P. Reyes, MD	IM	222
* Pablo Reyes, MD	CD	222
* Renato C. Reyes, MD	AN	126
* Victor P. Reyes, MD	PD	222
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* Lawrence A. Reynolds, MD	PD	062
Robert M. Reynolds, MD	GS	222
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Chi Sun Yoo Rhee, MD	OBG	158

* Jae K. Rhee, MD	GS	222
* Kenny K. Rhee, MD	TR	222
* H. Benjamin Rhiew, MD	P	222
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* George E. Rhiness, MD	R	090
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* Robert E. Richard, MD	PD	174
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* Maurice A. Richards, MD	GS	222
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* B. Dean Richardson		090
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* Mark M. Richardson, MD	FP	090
* Mary S. Richardson, MD	IM	106
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* John C. Rienstra, MD	GS	106
Richard G. Ries, MD	OBG	098
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* Rouchdi M. Rifai, MD	PS	174
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* Donald D. Riker, MD	IM	218
John L. Riker, MD	OPH	014
Arthur L. Riley, MD	IM	034
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Philip A. Riley, Jr., MD	GS	098
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* Steven D. Rimar, MD	GS	174
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* Nasseem F. Rizkalla, MD	GS	054
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* Carole B. Rizzo, DO	OBG	174
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Roach

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Robb

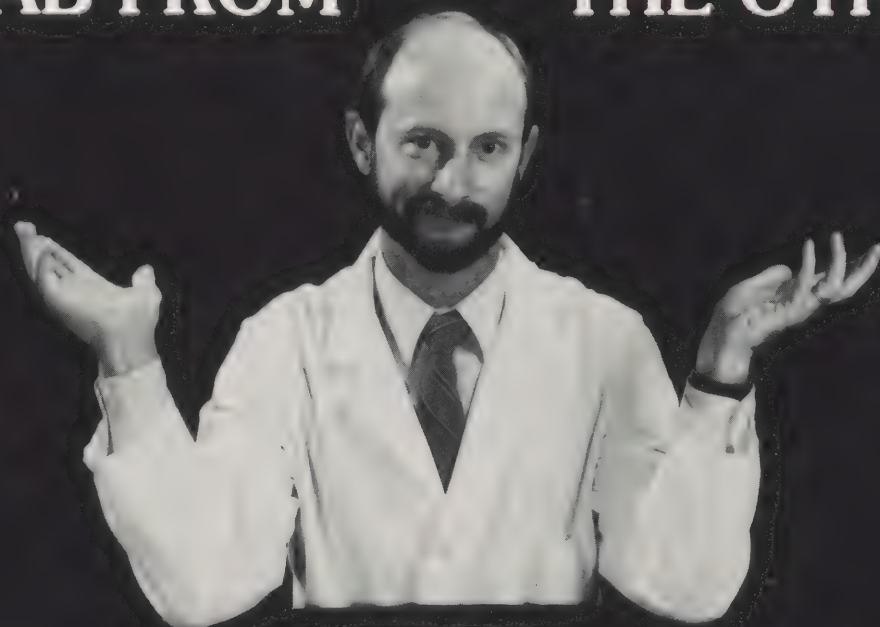
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* Hector Y. Rodriguez, MD	U	222
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* Rachel L. Rogers		222
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* Fred A. Rohn, III, MD	OBG	106
* Bernardo A. Rojas, MD	IM	174
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* Dietrich W. Roloff, MD	NPM	218
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* Jack L. Romence, MD	OBG	106
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* Gary T. Roome, MD	FP	062
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* Robert J. Roosenberg, MD	OPH	106
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* Mark W. Root, MD	P	218
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* A. Leslie Rose, MD	FP	050
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* Kenneth D. Rosenman, MD	OM	090
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* Donald S. Rosin, MD	IM	174
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* F. Dale Roth, MD	OPH	062
* Gary L. Roth, DO	CDS	090
George E. Roth, MD	PUD	126
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* Mark S. Roth, MD	PD	174
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* William Rubino, MD	PD	222
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* Cheryl A. Ruble, MD	IM	222
* Newton C. Ruch, MD	AN	174
* Gary L. Rudder, MD	DR	062
* Kenneth S. Rudman, MD	AN	090
* Earl J. Rudner, MD	D	174
* Glenn A. Rudner		222
* Eric M. Rudnick, MD	EM	090
* Lilya Rudoi, MD	N	126
* Eugene Rudolph, MD		098
Milton J. Rueger, MD	IM	222
* Richard E. Ruel, MD	IM	222
* Thomas G. Rumney, MD	ORS	134
* Lucy A. Runde, MD	FP	218
Walter Z. Rundles, MD	OPH	062
* Alexander W. Runowski		090
* Gary E. Ruoff, MD	FP	102
* John A. Ruppe, MD	GP	106
* Mary E. Rupp		222
* Stephen B. Rupp, MD	DR	106
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* Richard D. Rusak, MD	FP	150
* Emilio Rusciano, MD	AN	222
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* Loren L. Russcher, MD	IM	102
* Scott S. Russo, MD	ORS	106
J. Griswold Ruth, MD	IM	026
* James A. Rutherford, MD	PD	026
* Alexander G. Ruthven, MD	GS	194
* Edward J. Rutkowski, MD	GS	070
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Susan K. Rutter		222
* Timothy W. Rutter, MD	AN	218
* Joseph A. Rutz, Jr., MD	OBG	090
Julius Rutzky, MD	PTH	174
Joseph J. Ruva, MD	GP	174
* Richard A. Ruzumna, MD	PYA	222
* Catherine R. Ryan, MD	OBG	218
Charles J. Ryan, MD	R	034
* Connie L. Ryan, MD	OBG	134
* Jack Ryan, MD	FP	222
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* James R. Ryan, MD	ORS	222
John A. Ryan, MD	U	106

Ryan

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* Asterisk beside name denotes AMA membership

Ryan

* Ralph G. Ryan, III, MD	CD	162
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* Thomas G. Ryan, MD	ORS	102
* Merle F. Rydesky, MD	EM	174
* Ruth A. Rydstedt, MD	IM	126
* David J. Rynbrandt, MD	GS	170
* Mark A. Rynties, MD	DR	090
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Lutfi M. Sa'Di, MD	IM	022
* Arthur F. Saari, MD	PUD	134
* Enrique Sabbagh, MD	PS	174
* Michael I. Sabbagh, MD	OBG	194
* Saad E. Sabbagh, MD	CDS	222
* Harvey P. Sabbota, DO	IM	222
Leila S. Saber		090
Rassul S. Saber, MD	PTH	042
* Mohammad S. Saberi, MD	PD	222
* Subhash M. Sabharwal, MD	IM	222
Fred C. Sabin, MD	OPH	134
* Nison Sabin, MD	NEP	174
* Ronald J. Sables, MD	ORS	126
* Jagdish K. Sachdeva, MD	IM	222
* Bruce M. Sack, MD	P	174
* Alex Sackeyfio, MD	P	174
* Sherman D. Sacks, MD	OPH	030
* Sarala R. Sadda, MD	R	062
* Abdul R. Sadiq, MD	R	174
* Elie Y. Sadiq, MD	IM	210
* Shahzad Sadiq, MD	DR	174
* Kamal Sadjadpour, MD	N	154
* David A. Sadler, MD	PTH	218
Vincent J. Sadowsky, MD	ORS	174
* Mostafa S. Sadry, MD	N	194
Joseph T. Sadzikowski, MD	IM	222
* Mark R. Sadzikowski, MD	IM	126
* Elmahdi M. Saeed, MD	PD	062
* Mohammad Saeed, MD	P	194
* Sheikh M. Saeed, MD	PTH	222
* Charles K. Sailey, MD	ORS	062
Bernard A. Sage, MD	FP	222
* Metin Saglik, MD	OBG	222
* Sukamal Saha, MD	GS	062
* Robert G. Saieg, MD	OBG	174
* F. Michael Saigh, MD	FP	054
* Inder J. Saini, MD	PD	174
* Daniel J. Sak, DO	PUD	174
* James H. Saker, MD	IM	090
* Marc P. Sakwa, MD	TS	174
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* Isam N. Salah, MD	IM	174
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* Rabbi Salimi, MD	IM	062
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* Alfredo N. San Juan, MD	OBG	046
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* Carol M. Sanders, MD	PD	222
* Kurt A. Sanford, MD	IM	070
* Louis E. Sanford, MD	FP	094
* Scott A. Sanford, MD	FP	162
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* Ranjan J. Sanghvi, MD	TR	222
* Charles A. Sanislow, MD	GS	154
* Jaya Sankaran, MD	CLP	095
* Siva V. Sankaran, MD	IM	062
* Surya N. Sankaran, MD	GS	095
* Michael S. Sanson		090
* James F. Sansone, MD	PD	218
Thomas J. Sansone, MD	OBG	174
* Jon A. Santiago, MD	AN	062
* M. B. Santiago, Jr., MD	GS	026
* Mario D. Santiago, MD	IM	190
* Narciso D. Santiago, MD	FP	190
* Rene D. Santiago, MD	OBG	222
Florian J. Santini, MD	GS	066
* Marcus F. Santini, MD	GS	066
* Alphonse M. Santino, MD	U	222
* Andres G. Santiviago, MD	OBG	126
* James A. Sapala, MD	GS	034
* M. Andrew Sapala, MD	GS	034
* Raphael J. Sapeika, MD	OPH	174
* Joel R. Saper, MD	N	218
* Nazar N. Sarafa, MD	IM	222
* Donato F. Sarapo, MD	IM	114
* Louis D. Saravolatz, MD	IM	222
* William G. Sarazin, MD	GS	082
* Prasantha K. Sarcas, MD	R	174
Donald V. Sargent, MD	OBG	190
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* Patrick J. Sartorius, MD	OBG	090
* Franklin W. Sassaman, MD	OPH	102
* A. R. Satyanathan, MD	IM	174
* Marilyn A. Sauder, MD	GS	174
* Harold J. Sauer, MD	OBG	090
Allen Saunders, MD	PD	218
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* Gehring T. Sauter, MD	R	126
William A. Sautter, MD	AN	098
* Peter T. Savage, MD	FP	010
* Robert M. Savin, MD	OBG	174
* Mohammedi N. Savliwala, MD	PD	174
* Ali H. Sawaf, MD	U	050
* Frederick J. Sawchuk, MD	ORS	034
* Krishna K. Sawhney, MD	GS	222
* Mark W. Sawka, MD	ORS	090
* Howard J. Sawyer, MD	OM	174
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* Andrew Saxe, MD	GS	222
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* Douglas J. Saylor, MD	OBG	022
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* William A. Scalf, MD	OTO	106
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* Carrie M. Schaefer		090
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Heinrich C. Schaefer, MD	AN	222
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* Nelson S. Schafer, MD	GS	062
* Sharon M. Schafer, MD	AN	174
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G. L. Schabberger, Sr., MD	GS	150
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* Dacia Schilero, MD	OBG	050
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* K. E. Schneiberg, MD	IM	222
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* John R. Schneider, MD	HEM	222
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* Harry E. Schreiner, MD	FP	106
* Jerome J. Schneyer, MD	FP	174
* Thomas J. Schnur, MD	PD	174
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* John E. Schoell, MD	IM	102
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* Robert J. Schoenfeld, MD	D	174
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Charles A. Schoff, MD	FP	154
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* Aaron P. Scholnik, MD	ON	134
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Roger A. Scholten, MD	GS	102
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* Kenneth G. Schooff, MD	P	222
* Byron W. Schoolfield, MD	IM	062
* Jeanette S. Schoonmaker		014
Calvin E. Schorer, MD	P	222
* Genevieve M. Schornberg		090
Frank J. Schrader, MD	OBG	098
* John J. Schram, DO	AN	162
Jon L. Schram, MD	GS	186
Ernst O. Schreiber, MD	A	062
* Michelle Z. Schreiber, MD	IM	222
* Paul E. Schreiber, MD	GS	102
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* Paula A. Schriemer, MD	AN	102
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* Donn M. Schroder, MD	GS	222
* Eva P. Schroeder, MD	CHP	222
Gisela Schroeder, MD	CHP	222
* Heinz R. Schroeder, MD	P	222
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* Karl F. Schroeder, MD	U	222
* Paul E. Schroeder, MD	IM	062
* Carl F. Schubert, MD	OBG	014
* S. L. Schuchter, MD	IM	222
* Ronald L. Schuen, MD	CLP	062
* Duane W. Schuil, MD	IM	170
* Ernst F. Schukraft, MD	ORS	086
Arthur E. Schultz, MD	OPH	090
* Clarence H. Schultz, MD	FP	222
David A. Schultz, MD	R	090
Ernest C. Schultz, MD	R	222
Frank R. Schultz, MD	GP	190
* Georg C. Schultz, MD	PD	026
Laura L. Schultz, MD	GYN	090
* Michael L. Schultz, MD	FP	190
* Michelle H. Schultz, MD	OBG	222
* Richard C. Schultz, MD	OTO	070
* Richard F. Schultz, MD	IM	190
* Thomas C. Schultz, MD	OBG	218
* Larry N. Schulz, MD	R	222
* Rex Schulz, MD	GS	174
* Randolph E. Schumacher, MD	IM	062
* Herbert Schunk, MD	R	218
* Almon L. Schut, MD	OPH	102
* Paul G. Schutt, MD	ORS	106
* William W. Schwab, MD	ORS	106
* Thomas G. Schwaderer, MD	ORS	106
Paul C. Schwallie, MD		102
Allison E. Schwanda		090
* V. Schwartzman, MD	ORS	062
* Charles F. Schwartz		222
* David Schwartz, MD	P	174
* David B. Schwartz, MD	OBG	222
Frederick C. Schwartz, MD	FP	170
* Howard B. Schwartz, MD	FP	222
* James C. Schwartz, Jr., MD	IM	222
John M. Schwartz, MD	GP	062
* Lawrence R. Schwartz, MD	EM	174
* Michael L. Schwartz, MD	R	222
Oscar D. Schwartz, MD	D	174
* Richard S. Schwartz, MD	D	174
Joseph A. Schwartzberg, MD	FP	222

* Heinz H. Schwarz, MD	P	062
* John J. Schwarz, MD	OTO	034
Sara D. Schweinsberg, MD	OPH	134
* Charles D. Schweiss, MD	AN	218
* Vanessa G. Schweitzer, MD	OTO	222
* Thomas L. Schwenk, MD	FP	218
* Benjamin Schwimmer, MD	D	222
* Charles D. Schwindt, MD	ORS	134
* Donald N. Schwing, MD	GS	130
* Janice M. Schwinke, MD	DR	222
* Robert C. Schwyn, MD	N	222
* David S. Sciamanna, DO	PD	090
* Therron R. Scobbie, MD	D	190
* Helen J. Scoblic, MD	IM	086
* Aaron M. Scott		222
* Caroline G. Scott, MD	FP	190
* Garland D. Scott, Jr., MD	OBG	098
* George C. Scott, MD	R	222
* Gerard Scott, MD	GP	190
* Marrior U. Scott, MD	PD	222
Wayne R. Scott, MD	OBG	126
* William H. Scott, MD	PD	102
* William L. Scott, MD	IM	154
* Steven E. Scranton, MD	AN	106
* David R. Scrase, MD	IM	218
* Gordon P. Scratch, MD	NS	174
* Franklyn E. Seabrooks, MD	OBG	222
* Glenn R. Seagren, MD	PD	090
* David H. Seaman, MD	PDA	218
David P. Seamans		222
* Karen L. Seaver, MD	IM	162
* Lessly Sebastian, MD	AN	158
* John A. Sebright, MD	PS	106
* Neil R. See, MD	FP	026
* Jurgen Seebacher, MD	AN	222
* Samuel M. Sefton, MD	PD	102
* Andrew E. Segal, MD	D	174
* Barbara M. Segal, MD	IM	222
* Phyllis G. Segal, MD	P	174
* John D. Segall, MD	N	218
* Thomas A. Segall, MD	P	218
* David S. Segaloff, MD	PD	218
* Douglas J. Segan, MD	EM	090
* Mark C. Segel, MD	DR	222
Nathan P. Segel, MD	P	222
* Scott A. Segel		222
Robert L. Segula, MD	OBG	174
* D. C. Segundo, Jr., MD	AN	174
* Michael D. Seidman, MD		174
* Roberto S. Seidner, MD	EM	174
* Charles L. Seifert, MD	U	034
* Eric S. Seiger, DO	D	062
* S. Raja Sekharan, MD	PS	222
Ronald A. Selbst, MD	P	174
* Martin J. Seldon, MD	IM	222
* Mahmoud M. Selim, MD	OTO	106
* Steven K. Selin, MD	FP	126
* James E. Selis, MD	DR	174
* Larry J. Sell, MD	FP	222
* Robert Selman, MD	FP	174
Charles R. Sempere, MD	OBG	174
* Anthony Senagore, MD	CRS	106
* Patricia K. Senagore, MD	PTH	106
* Ismail B. Sendi, MD	CHP	174
* Fidel B. Seneris, MD	GS	062
* Mala Sengupta, MD	PTH	222
* Yongyuth Senlamai, MD	IM	222
* John C. Sennish, MD	GS	030
* Anthony M. Sensoli, MD	OPH	218
Joseph A. Sentkeresty, MD	IM	106
* Teymour Sepahbodi, MD	CHP	158
* Fay Ellen Seppala, MD	GS	095
* Victoria C. Serbia, MD	P	106
* Jeffrey P. Serwin, DO	AN	222
Arthur G. Seski, MD	OBG	222
* Robert C. Seski, MD	IM	222
* James W. Setchfield, MD	FP	106
* Amarjeet S. Sethi, MD	IM	174
Philip M. Setla, MD	DR	222
* A. Bala Setty, MD	OM	222
* Stanley L. Seufferer, DO	P	138
* Philip G. Seven, MD	U	062
Eugene S. Sevensma, MD	P	106
* Fred R. Severyn, MD	OBG	222
* Pedro A. Sevidal, MD	OTO	030
George R. Sewell, MD	U	174
Guy W. Sewell, MD	U	222
* Maria E. Sexon-Porte, MD	ND	222
H. Gunter Seydel, MD	R	222
* Donald M. Seyfried, MD	NS	222

George D. Seymour, MD	GP	062
* Jerome E. Seymour, MD	U	154
* Yucel Sezgin, MD	NS	098
* Charles L. Shabino, MD	PD	102
* George H. Shade, Jr., MD	OBG	222
Maxwell L. Shadley, MD	GP	174
Leland D. Shaeffer, MD	IM	098
* A. William Shafer, MD	IM	222
Harold C. Shafer, MD	IM	022
Joseph H. Shaffer, MD	IM	222
* Jerold W. Shagrin, MD	IM	174
* Ashwin H. Shah, MD	IM	222
* Ashwin H. Shah, MD	U	158
* Atul C. Shah, MD	P	222
* Bhanu J. Shah, MD	OBG	222
* Bhavna R. Shah, MD	PM	098
* Dina Y. Shah, MD	DR	222
* Dinesh O. Shah, MD	CD	090
* Jagdish K. Shah, MD	IM	062
* Jayant I. Shah, MD	PTH	126
* Kanti H. Shah, MD	PD	158
* Kantilal M. Shah, MD	FP	222
* Kirit R. Shah, MD	IM	222
* Lalit J. Shah, MD	PD	174
* Mukund R. Shah, MD	PD	026
* Piyush Shah, MD	IM	222
* Pradeep R. Shah, MD	IM	222
* Rajesh P. Shah, MD	FP	098
* Rashmikant M. Shah, MD	FP	110
* Satish J. Shah, MD	R	134
* Shailen R. Shah, MD	PD	222
* Shobha L. Shah, MD	PTH	222
* Sid M. Shah, MD	EM	098
* Vikas M. Shah, MD	AN	222
* Yash K. Shah, MD	DR	222
* Ila A. Shah-Reddy, MD	IM	222
* Samuel J. Shaheen		218
* Asadollah Shahideh, MD	A	174
* Batool K. Shaikh, MD	R	194
* Rauf A. Shaikh, MD	U	194
* Wahib M. Shaker, MD	OBG	174
* Deeb Shalhoub, MD	OBG	222
A Shamayleh, MD	PD	222
* Dale R. Shampo, MD	R	054
* Abdul K. Shamsuddin, MD	IM	222
* T. O. Shanavas, MD	PD	114
* Gokuldas H. Shanbhag, MD	AN	174
* Seetha Shankaran, MD	PD	222
* Michael J. Shanks, MD	DR	098
* Francis L. Shannon, MD	GS	222
* Gregory D. Shannon, MD	EM	062
Stanley J. Shanoski, MD	GS	222
* R. Shantha, MD	IM	222
* Howard S. Shapiro, MD	IM	174
Hyman D. Shapiro, MD	OTO	090
* Jack Shapiro, MD	IM	222
* Jeffrey D. Shapiro, MD	ORS	222
* Joan H. Shapiro, MD	OBG	174
* Paul Shapiro, MD	PM	218
Reuben I. Shapiro, MD	TS	222
* Elias A. Shaptini, MD	OM	222
* Joan K. Sharda, MD	NPM	102
Martin Sharda, MD	GS	106
Gholamreza Shareghi, MD	AN	026
* Melvin B. Sharf, MD	D	174
George M. Shargel, MD	U	222
* Shiraz H. Shariff, MD	CD	190
* Devendra K. Sharma, MD	FP	095
Samir Sharma		222
* Sheel B. Sharma, MD	PD	106
* Shobha R. Sharma, MD	OBG	174
* Vinita S. Sharma, MD	OBG	222
* Vishnu K. Sharma, MD	IM	110
* Richard J. Sharon, MD	IM	126
* David L. Sharp, MD	FP	106
Mahlon S. Sharp, MD	OBG	090
* William C. Sharp, MD	IM	222
* James W. Sharpe, MD	OBG	194
* Jack M. Shartsis, MD	GE	126
* S. R. Shastri, MD	IM	026
* Vijaya L. Shastri, MD	PD	026
* Thomas R. Shaw, MD	NPM	106
* Stephen D. Shawbitz, MD	OPH	194
* Victor S. Shay, MD	OBG	222
* Ezra S. Shaya, MD	GS	126
* Francis P. Shea, MD	R	222
* Marguerite R. Shearer, MD	FP	218
* Marshall L. Shearer, MD	P	218
Emil M. Shebesta, MD	R	162
* Marilee G. Shebuski, MD	PD	082

Shebuski

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

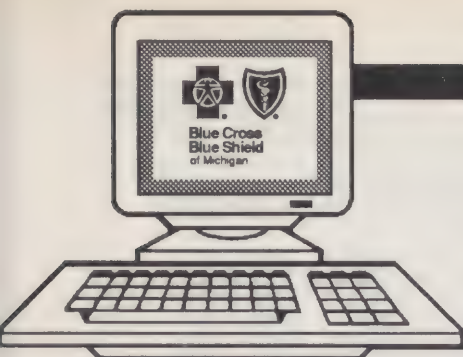
Shebuski

* Mark R. Shebuski, MD	FP	082
* Harry Shecter, MD	PTH	174
* Irene C. Sheehan, MD	DR	222
Sheila Sheehan, MD	N	222
* James P. Sheehy, MD	U	062
* John A. Sheets, MD	IM	170
* Joseph L. Sheets, MD	OBG	090
Thomas M. Shehab		222
* Shabnum H. Sheikh	ON	218
* Donald A. Sheill, MD	FP	162
Armen Shekerjian, MD	GS	174
* Sheila Shelby-Massey, MD	PM	222
Warren E. Shelden, MD	PD	174
* Dave K. Sheldon		222
John P. Sheldon, MD	GS	198
* Mark E. Sheldon, MD	OPH	106
* Dolores J. Shelfoon, MD	EM	174
V. Lowell Sheline, MD	FP	074
* Dennis N. Shelle, MD	IM	114
* John C. Shelton, MD	IM	218
* Bhaskar U. Shenai, MD	R	126
Luke H. Sheng, MD	FP	118
* Isis E. Shenouda, MD	PTH	174
* Alex D. Shepard, MD	GS	222
* Jeffrey C. Shepard, MD	N	170
* Robert C. Shepard, MD	RHU	090
* Ara A. Sheperdigian, MD	IM	096
* David M. Shepherd, MD	OPH	222
* Sherry B. Shepherd, MD	EM	026
Lawrence F. Sheppard, MD	PD	126
* Linda C. Sherbahn, MD	R	222
* Herbert D. Sherbin, MD	OPH	126
* Adrian S. Sheremeta, MD	IM	222
* Angelita Q. Sheridan, MD	PUD	102
Francis M. Sheridan, MD	PD	174
* Douglas D. Sherk, MD	FP	134
* Narinder K. Sherma, MD	IM	222
* Eber B. Sherman, MD	FP	058
* Gerald Sherman, MD	OTO	126
* John W. Sherman, MD	GP	190
* Marvin Sherman, MD	P	222
* Stanley R. Sherman, MD	GS	106
* Steven A. Sherman, MD	N	114
* Frederick W. Sherrin, MD	CDS	062
* Shirley T. Sherrord, MD	OPH	222
* Jyotika P. Sheth, MD	OBG	222
* James F. Shetlar, MD	FP	190
* Puranchander Shetty, MD	R	222
* Frederick F. Shevin, MD	P	174
* Henry A. Shevitz, MD	NM	174
Lisa A. Shick, MD	D	174
Hubert L. Shields, MD	GS	022
* James J. Shields, MD	R	218
* Gerald A. Shiener, MD	P	174
* Christopher K. Shier, MD	DR	062
* Michael R. Shier, MD	ORS	194
* Louis Z. Shifrin, MD	ORS	222
Peter G. Shifrin, MD	ORS	222
* Ling T. Shih, MD	A	154
* Muaiad Shihadeh, MD	IM	218
* Dong H. Shin, MD	OPH	222
* Henry S. Shin, MD	TR	034
* Hyun W. Shin, MD	AN	190
* Inkun Shin, MD	PD	022
* Richard Y. Shin, MD	AN	222
* Sang K. Shin, MD	OBG	150
Louis Shiovitz, MD	GP	222
Charles W. Shipman, MD	P	070
* David A. Shneider, MD	ORS	090
* Farhad K. Shokoohi, MD	OPH	190
* Thomas C. Shope, MD	PD	218
Pamela E. Shore		090
* Michael J. Short, MD	P	174
* William M. Short, MD	FP	134
* Elmore D. Shoudy, MD	EM	194
* Patricia Z. Showerman, DO	FP	118
* Dhana D. Shrestha, MD	IM	022
Alfred J. Shreve, MD	GS	222
* John W. Shriner, MD	OBG	154
* May Ling Lie Shuck, MD	PD	174
John M. Shuey, MD	CD	222
* Arthur S. Shufro, MD	R	222
* Asfandiar A. Shukri, MD	EM	222
Herschel A. Shulman, MD	IM	222
* Marvin Shulman, MD	OPH	126
* Garth Shultz, MD	IM	102
* Sherman C. Shultz, MD	FP	114
* Bryan P. Shumaker, MD	U	174
* Daniel B. Shumaker, MD	DR	222
Edward J. Shumaker, MD	U	222

* Steven M. Shumer, MD	D	174
* Joseph W. Shurmur, MD	ORS	222
* Dexter W. Shurney, MD	OS	222
* Jeffrey M. Shuster, MD	D	126
* Teofilo L. Sia, MD	R	134
* Neil Siamson, MD	EM	095
* Ruben E. Siasoco, MD	IM	190
* Paul J. Siatczynski, MD	ORS	174
A. Clark Sibilsky, MD	P	034
* Mohammad R. Siddiqi, MD	GS	034
* Athar Siddiqui, MD	IM	218
* Yousuf A. Siddiqui, M	IM	206
Richard H. Sidell, MD	GS	106
* Roger C. Sider, MD	P	106
* Douglas B. Siders, MD	PTH	218
* Yazdi J. Sidwa, MD	OBG	062
Edward H. Sieber, MD	OBG	222
* Bernard H. Siebers, MD	PD	106
* William E. Siebert, MD	ORS	222
John L. Siefert, MD	GP	222
* Alan E. Siegel, MD	PD	106
* Barry Siegel, MD	P	222
* Barry L. Siegel, MD	P	218
* David B. Siegel, MD	PD	222
Henry Siegel, MD	PD	222
* Les I. Siegel, MD	OPH	174
* Marc J. Siegel, MD	OPH	174
* Martin E. Siegel, MD	P	046
* Marvin D. Siegel, MD	D	174
* Michael T. Siegel, MD	D	174
* Sharon C. Siegel, MD	DR	222
* Sheldon N. Siegel, MD	P	174
* Thomas S. Siegel, MD	GS	222
* Calvin J. Siegers, MD	OBG	186
Edward G. Siegfried, MD	GP	126
* Gerald A. Sieggreen, MD	OBG	190
* Dean G. Sienko, MD	PH	090
* Barbara J. Siepierski, MD	IM	222
* John X. Sierant, MD	OPH	222
Jose M. Siero, MD	GS	222
Lorraine A. Sievers, MD	OBG	222
* Paul A. Sieving, MD	OPH	218
John W. Sigler, MD	IM	222
* Enrique E. Signori, MD	IM	222
* Irene M. Signori, MD	IM	222
* Oscar R. Signori, MD	IM	222
* Donald E. Sikkema, MD	IM	186
* Anil K. Sil, MD	IM	222
* Ranajit Sil, MD	NS	222
* Mark F. Silady, MD	IM	106
* Sumet Silapaswan, MD	GS	174
* Joel Silberg, MD	IM	222
* Allen Silbergleit, MD	TS	222
Jack A. Sill, MD	IM	222
* John J. Siller, MD	U	222
* Michael A. Sills, MD	IM	174
* Richard D. Sills, MD	IM	174
* William G. Sills, MD	CD	174
* Yvan J. Silva, MD	GS	222
John Silvano, MD	IM	174
* Daniel L. Silvasi, MD	AN	218
* Donald F. Silver, MD	P	174
I. Walter Silver, MD	FP	222
* Marvin D. Silver, MD	OBG	174
Robert R. Silver, MD	OM	222
* Albert J. Silverman, MD	P	218
* Bruce M. Silverman, DO	N	222
* Larry J. Silverman, MD	RHU	222
Steven B. Silverman, MD	AN	098
* E. D. Silvernale, MD	PH	026
* Mark L. Silverstein		222
* Oscar D. Silverstein, MD	R	222
J. E. Henri Simard, MD	GS	170
* Thomas L. Simmer, MD	IM	222
Donald R. Simmons, MD	NS	222
* Everett B. Simmons, Jr.	D	222
* Garrick R. Simmons		222
* Milton F. Simmons, MD	FP	126
* Paul B. Simmons, MD	IM	106
* Ronald D. Simmons, MD	FP	226
* Donald C. Simon, MD	R	090
* Joseph P. Simon		222
Piero A. Simone		222
* Eugene J. Simoni, MD	GS	102
* Lewis E. Simoni, MD	FP	062
* James J. Simons, Jr., MD	D	070
David F. Simpson, MD	AN	222
* John R. Simpson, MD	IM	174
Rick Simpson		222
Robert S. Simpson, MD	PD	034

* William D. Simpson, MD	PS	106
* Deborah W. Sims, MD	GS	222
* Laurence R. Simson, MD	CLP	090
* Abdulhadi Sinan, MD	P	222
* Robert Sinanian, MD	GP	102
* William J. Sinclair, MD	OBG	090
* Arun K. Singal, MD	IM	222
* Sudarshan K. Singal, MD	IM	222
* Usha Singal, MD	IM	222
* P. Singaracharlu, MD	IM	126
Nelson Singer, MD	GP	126
* Nora G. Singer, MD	PD	218
* Stanford A. Singer, MD	PD	174
* Harpal Singh, MD	IM	190
* Jaspal S. Singh, MD	IM	034
* Kanwaljit Singh, MD	IM	190
* Mohinder P. Singh, MD	OBG	222
* Sarjit Singh, MD	CD	062
* Surindra J. Singh, MD	IM	034
* T. Trevor Singh, MD	IM	062
* Yuktanand Singh, MD	GP	218
* Amnuay Singhakowinta, MD	IM	174
* Ved P. Singla, MD	IM	222
* Mildred P. Singleton, MD	OPH	222
* Elisea N. Singson, MD	NEP	062
* Graciano F. Singson, MD	OBG	126
* Atindra N. Sinha, MD	ORS	222
* B. P. Sinha, MD	U	222
* Pramilla Sinha, MD	OBG	222
* Marc H. Sink, MD	AN	106
* Denise A. Sinke, MD	N	170
* Jean Sinkoff, MD	GYN	222
* Mark A. Sinkoff, MD	IM	174
* Gregorio G. Sio, MD	AN	222
* Alim Sipahi, MD	P	098
* Hikmet H. Sipahi, MD	ON	162
George W. Sippola, MD	GP	222
* James Sirajuddin, MD	GP	214
* Scott I. Sircus, MD	U	126
* Sirimas Sirisuth, MD	IM	026
Bernard Sisman, MD	PD	158
* Orlando S. Sison, MD	AN	222
* Sai K. Sista, MD	IM	222
* Dhupati Sitaran, MD	IM	222
* Bernard J. Sivak, MD	AN	222
* John F. Skallerup, MD	IM	162
* Mark J. Skalski, MD	IM	118
* Charles G. Skardarasy, MD	IM	222
Kathleen M. Skelley, DO	IM	190
* Laurence P. Skendzel, MD	PTH	070
* Leonard B. Skerker, MD	R	218
* Margaret S. Skiles, MD	PS	034
James W. Skinner, MD	PD	026
* Manuel Sklar, MD	GE	222
Xenophon Skufis, MD	AN	114
Edward J. Skully, MD	FP	222
* Gregory L. Skuta, MD	OPH	218
* Steven J. Slack, MD	AN	218
* Edward C. Sladek, MD	ORS	090
* H. Charles Slater, MD	OPH	194
* John R. Slater, MD	OBG	026
K. R. Slatmyer, Jr., MD	AN	102
* Michael J. Slavin, MD	FP	190
Justin L. Sleight, MD	OPH	090
* Chris T. Sloan, MD	OBG	174
* J. Bernard Sloan, MD	U	062
* Carol A. Slomski, MD	GS	090
* Charles R. Slone, MD	IM	222
* Eric J. Slosberg, MD	PD	102
* Thomas L. Slovits, MD	PDR	222
Joseph Slusky, MD	P	222
Robert F. Sly, MD	P	222
* Delano R. Small, MD	CD	174
Henry Small, MD	FP	222
John Small, MD	GP	222
* Richard A. Small, MD	DR	222
* Ronald H. Smalley, MD	FP	062
* Deborah Y. Smart, MD	FP	222
Homer M. Smathers, MD	GS	222
Ward M. Smathers, MD	GS	222
* Patricia A. Smethurst, MD	PD	030
* James J. Smiggen, MD	OBG	106
* Stephen L. Smiley, MD	IM	034
John W. Smillie, MD	OPH	218
* Rene' Smit, MD	GS	194
* Andrew Smith, Jr., MD	OBG	078
* Andrew J. Smith, MD	IM	222
* Cathy C. Smith, MD	IM	106
D. Roemer Smith, MD	GP	054
* David B. Smith, MD	FP	050

Smith



The #1 choice

of Michigan health care professionals
who automate their insurance claims

Billing Assistant (BA)

Operating on a personal computer, the BA provides these features:

- Performs electronic billing for Blue Cross and Blue Shield of Michigan, Medicare and Medicaid
- Eliminates manual preparation of claims
- Completes hardcopy claim forms such as the Michigan Benefit Claim Form (1500) and the Health Insurance Claim Form
- Comes complete with word processing software

Billing Assistant Plus (BA+)

Operating on a hard disk-equipped personal computer, the BA+ provides all the BA functions plus these additional capabilities:

- Maintains a patient data base
- Stores insurance, procedure and diagnosis codes
- Provides custom-generated reports
- Allows for quick patient recall
- Prints mailing labels

Medical Business Assistant (MBA)

Uses the expanded power of a hard disk-equipped personal computer to fully automate billing and business management capabilities:

- Provides all BA+ capabilities
- Generates patient statements and receipts
- Provides automated and manual posting capabilities for Medicare, Medicaid and Blue Cross and Blue Shield of Michigan claims
- Generates aged accounts receivable reports
- Generates referral reports
- Generates additional financial and management reports



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Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Smith

* David J. Smith, MD	GS	218
* David J. Smith, MD	FP	090
* Dean T. Smith, MD	GS	106
Deborah J. Smith		090
* Donald C. Smith, MD	PH	218
Donald S. Smith, MD	IM	174
Douglas H. Smith, MD	IM	222
* Duane E. Smith, MD	GP	202
* Edwin M. Smith, MD	PM	062
* Frank A. Smith, MD	CD	218
* Gary S. Smith, MD	FP	154
George E. Smith, MD	OBG	174
* George F. Smith, MD	FP	090
Glenn L. Smith, MD	GP	110
* Gregory F. Smith, MD	AN	174
* James B. Smith, Jr., MD	U	222
* James R. Smith, MD	ORS	102
* Jeffrey D. Smith		090
* Jimmie H. Smith, Jr.		222
* Joann M. Smith, MD	OBG	174
* Kenneth E. Smith		190
* Lowell D. Smith, MD	IM	162
* Mark S. Smith, MD	IM	070
Maurice J. Smith, MD	GP	062
* Mervyn W. Smith, MD	FP	106
* Michael D. Smith, MD	OBG	174
* Michael W. Smith, MD	GP	218
* Mindy A. Smith, MD	FP	218
* Neal A. Smith, MD	FP	074
* Paul G. Smith, MD	NEP	218
* Peter C. Smith, MD	AN	222
* Peter T. Smith, MD	FP	022
* Randolph E. Smith, MD	PTH	134
Richard H. Smith, MD	D	222
Robert B. Smith, MD	IM	106
* Robert D. Smith, MD	FP	198
Robert E. Smith, MD	AN	162
* Robert L. Smith, MD	OBG	166
Robert O. Smith, MD	GS	094
* Roger F. Smith, MD	GS	222
* Roger J. Smith, MD	OS	102
* Ronald E. Smith, MD	R	174
Sidney E. Smith, MD	GS	062
* Stanley R. Smith, MD	R	154
* Stephen M. Smith		222
* Susan J. Smith, MD	IM	062
* Thomas A. Smith, MD	OPH	186
* Thomas C. Smith, MD	PA	102
* Thomas G. Smith, MD	FP	226
* Timothy A. Smith, MD	A	190
* Timothy V. Smith, MD	FP	186
William B. Smith, MD	OTO	026
* William L. Smith, MD	FP	070
William S. Smith, MD	ORS	218
* Lowell Smotkin, MD	IM	096
* Paul A. Smucker, MD	PM	106
* William D. Smyka, MD	PD	126
* Scott R. Sneed, MD	OPH	218
Michael B. Sneider		222
* Edward J. Snell, MD	IM	106
* Eugene A. Snider, MD	OBG	222
James J. Snider, MD	R	194
* Thomas H. Snider, MD	IM	158
Edwin C. Snoke, MD	OBG	222
Clarence A. Snyder, MD	GS	026
* Marijo Snyder, MD	OBG	102
* Martha E. Snyder, MD	PD	090
* Michael B. Snyder, MD	IM	222
* Robert L. Snyder, DO	AN	154
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- Fast and effective ulcer healing^{2,3,4}



AXID
PASSES THE ACID TEST

*Most patients experience pain relief with the first dose.
See adjacent page for references and brief summary
of prescribing information.

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AXID® (nizatidine capsules)

Brief Summary: Consult the package insert for complete prescribing information.
Indications and Usage: 1. Active duodenal ulcer—for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. Maintenance therapy—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chloridazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinomas and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.
Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antihandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2091 AMP
[091190]

References

1. Data on file, Lilly Research Laboratories.
2. *Scand J Gastroenterol*. 1987;22(suppl 136):61-70.
3. *Scand J Gastroenterol*. 1987;22(suppl 136):47-55.
4. *Am J Gastroenterol*. 1989;84:769-774.

NZ-2943-B-149347

Additional information available to the profession on request.



Eli Lilly and Company
Indianapolis, Indiana
46285

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuratic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

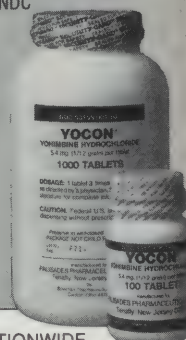
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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* Andrew J. Sulich, MD	IM	062
* Glen D. Sullenger, MD	OPH	062
* John C. Sullivan, MD	OTO	194
* Michael G. Sullivan, MD	OPH	096
* Paul J. Sullivan, MD	PD	222
* Thomas M. Sullivan, MD	P	222
Walter G. Sullivan, MD	PS	222
* Marilyn G. Sultana, MD	OPH	222
* L. Carl Sultzman, MD	ORS	222
Bernard T. Sumcad, MD	U	222
* Denwit Sumetanon, MD	IM	222
* Mike H. Summerer, MD	CD	102
Janice A. Summers		222
* Bilugali M. Sundara, MD	PD	022
* Alistair S. Sundareson, MD	PTH	222
Edwin C. Sundell, MD	IM	090
* James C. Sunstern, MD	IM	222
* Barbara Ann Supanich, MD	FP	150
* Preecha Supanwanid, MD	PS	090
Elizabeth M. Supina		222
* Komol Surakomol, MD	IM	222
* Pongchayut Surapipith, MD	GS	062
* James A. Surrell, MD	CRS	106
* Leela Suruli, MD	OBG	222
* Kirk L. Susott, MD	U	054
* Kathryn H. Sussman, MD	D	126
Bharat B. Sutaraya		222
* William F. Sutter, MD	GP	138
* David B. Sutton, MD	PD	162
* Marion D. Sutton, MD	FP	154
* Raymond L. Sutton, MD	GP	095

Raymond H. Suwinski, MD	GP	222
Masamichi Suzuki, MD	OBG	126
* William G. Swagman, MD	AN	106
* L. N. Swamy, MD	CD	134
* Jerome W. Swan, MD	OPH	106
Lionel F. Swan, MD	GP	222
* Lynn L. Swan, MD	FP	218
Raymond O. Swann, MD	OBG	102
* Alfred B. Swanson, MD	ORS	106
* Genevieve D. Swanson, MD	PS	106
* Steven E. Swanson, MD	NS	218
* Har Swarup, MD	GS	094
* David A. Swastek, MD	AN	218
Bernard J. Sweeney, MD	IM	070
* Lawrence C. Sweet, MD	A	174
Harold C. Swenson, MD	A	106
Leland L. Swenson, MD	ORS	162
* James J. Swetech, MD	IM	222
* Michael A. Swirtz		222
* Paula K. Swisher		222
Scott N. Swisher, MD	IM	090
* James M. Switzer, MD	R	222
* Richard A. Switzer, MD	PD	106
* Dionisia A. Sy, MD	PD	174
* Guat S. Sy, Jr., MD	GS	174
* Jainullabdin Syed, MD	P	022
* Mahmud U. Syed, MD	IM	174
* Muhammad H. Syed, MD	P	154
* Marta P. Szego-Koltay, MD	R	095
Leslie S. Szeles, MD	OTO	102
* Susanna Szelestey, MD	OBG	174
* Eric J. Szilagyi, MD	GS	222
D. Emerick Szilagyi, MD	CD	222
* Stanley J. Szewalek, Jr.	NEP	070
* Dennis C. Szymanski, MD	NS	026
* Margaret A. Szymanski, MD	OBG	126
* Michael L. Szymanski, MD	FP	218
* Arthur M. Szyniszewski, MD	IM	106

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* Senen C. Tabangay, MD	AN	222
* Abdul H. Tabbaa, MD	U	222
Toufik Tabbara, MD	GS	218
* Romeo H. Tabbilos, MD	OBG	222
Rodman E. Taber, MD	TS	222
* Rodman M. Taber, MD	OBG	106
* James D. Taborn, MD	IM	102
* Blane L. Tacia, MD	GS	098
* Albert J. Tactac, MD	U	222
* John P. Taggett, MD	GS	106
* David F. Tague, MD	DR	102
Zia E. Taheri, MD	NS	022
* Meena Tahilramani, MD	PD	190
* Saleem A. Tahir, MD	N	222
* Bing T. Tai, MD	DR	090
* Datchen F. Tai, MD	IM	062
* Joseph R. Tai, MD	IM	098
* Syed S. Taj, MD	IM	222
* Mark Takagishi, MD	PD	090
* Gerald M. Takala, MD	FP	182
* Akemi Takekoshi, MD	N	126
* Mones Takriti, MD	IM	174
* Walter J. Talamonti, MD	IM	222
* Edmund C. Talanda, MD	FP	102
* Joe G. Talbert, MD	TS	222
Frank G. Talbot, MD	OM	222
* Joseph E. Talbot, MD	R	190
* Kathryn W. Talbot, MD	PD	174
* Lawrence G. Talbot, MD	OPH	174
* J. D. Talbott, DO	GS	090
* Timothy M. Talbott, MD	CRS	106
* Ghalib Y. Talia, MD	GS	174
* Sarveswararao Tallia, MD	PD	222
Robert W. Talley, MD	IM	222
Jonathan C. Tallman		090
* Frederick N. Talmers, MD	CD	222
* Samuel E. Talsma, MD	AN	218
* Paul K. Tam, MD	PTH	026
* Usha R. Tampi, MD	IM	158
* Ben G. Tan, MD	OPH	222
* Elaine H. Tan, MD	PD	174
* Jaime F. Tan, MD	GP	086
King L. Tan, MD	GS	174
* Thian Lai Tan, MD	IM	174
* Violeta Tanafranca, MD	PD	126
* Antoinette Tanay, MD	D	174
* Emanuel Tanay, MD	P	222

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Tang

* Gene D. Tang, MD	CLP	070
* Penput Tangsintanapas, MD	IM	190
* C. Y. Tanhecho, MD	PD	222
* Dalmacio L. Tanhecho, MD	IM	222
* Pacita L. Tanhecho, MD	PD	062
* Natalia M. Tanner, MD	PD	222
* Russell E. Tanner, MD	OBG	095
* Hernani S. Tansuche, MD	DR	194
* John H. Tanton, MD	OPH	070
* Steven G. Tarangle, MD	GP	034
* James A. Taren, MD	NS	218
* Irmna Targowski, MD	FP	102
* Dick A. Tarpinian, MD	IM	174
* Harry Tarpinian, MD	OBG	222
* Edward A. Tashjian, MD	PM	174
* Terrence W. Tatchuk, MD	GS	226
* Philip W. Tate, MD	IM	106
* Maurice Tatelman, MD	R	222
* Kam R. Tatineni, MD	P	034
* Wayne A. Taulbee, MD	OPH	206
* William H. Taurence, MD	GP	222
* John W. Tauscher, MD	PD	062
* Arun Tavee, MD	U	222
* Robert Tawil, MD	AN	174
* Nabil T. Tawile, MD	GE	222
* Michael K. Tay, MD	TR	106
* Amos Taylor, MD	GP	222
* Donald M. Taylor, MD	OBG	174
* Douglas H. Taylor, MD	GP	026
* Glenn E. Taylor, MD	FP	174
* James A. Taylor, DO	FP	098
* Joseph L. Taylor, MD	PD	106
* K. Leslie Taylor, MD	AN	014
* Michael G. Taylor, MD	IM	222
* Miles Taylor, MD	OTO	222
* Nelson M. Taylor, MD	IM	222
* Richard A. Taylor, MD	N	222
* Richard L. Taylor, MD	R	114
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* Ronald S. Taylor, MD	PM	174
* Susan J. Taylor, MD	OBG	106
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* William E. Taylor, II, MD	EM	218
* Myron A. Tazelaar, MD	GP	034
* Henry A. Tazzoli, MD	GP	222
* Soledad C. Te, MD	DR	202
* Thomas M. Teal, MD	FP	206
* Kurt E. Tech, MD	DR	222
* Sivareddy Tegulapalle, MD	IM	034
* Robert A. Teitge, MD	ORS	222
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* Manjula Tella, MD	N	026
* Henry C. Tellman, MD	U	162
* Randall J. Telman, MD	PS	106
* Allen J. Telmos, MD	GS	222
* John E. Temple, MD	R	174
* Ralph Ten Have, MD	OS	106
* Henry W. Ten Pas, MD	AN	186
* John H. Ten Pas, MD	ORS	186
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* Emmanuel M. Tendero, MD	P	106
* Steven D. Tennenberg, MD	GS	222
* Sima Teodorovic, MD	OBG	218
* Stephen G. Tepastte, MD	FP	090
* Nicholas A. Tepe, MD	VS	174
* Dhiti Tepkasetkul, MD	GS	082
* Donald H. Ter Keurst, MD	PD	106
* Mohamad M. Teran, MD	P	222
* Howard R. Terebello, DO	IM	222
* Margaret S. Terpenning, MD	IM	218
* Travis D. Terrell, MD	OBG	174
* James C. Terrian, MD	GPM	042
* Barbara C. Tess, MD	FP	126
* Allen N. Tesser, MD	D	174
* Martin E. Tessler, MD	D	174
* Ruth A. Tessler		222
* Manuel L. Teves, MD	GS	086
* Carolyn M. Texera, MD	PTH	090
* Donald W. Thaden, MD	PD	090
* Maran Thamilarasan		218
* B. M. Thangamani, MD	IM	094
* Phan H. Thanh, MD	GS	174
* Krishna Thavarajah, MD	IM	222
* Gary J. Theisen, MD	AN	102
* Paul G. Theodores, MD	OBG	106
* Anna M. Theodoulou, MD	PTH	222
* Glafkos H. Theodoulou, MD	ORS	222

* Kriangsak Thepveera, MD	IM	190
* Richard P. Thiede, MD	IM	090
* Scott A. Thiele, MD	OBG	154
* E. Thurston Thieme, MD	GS	218
* Robert F. Thimmig, MD	GS	090
* Richard L. Thirlby, MD	U	070
* Steven J. Thiry, MD	FP	218
* Anil K. Thomas, MD	IM	126
* Geoffrey M. Thomas, MD	NS	218
* Jean B. Thomas, MD	FP	106
* L. Murray Thomas, MD	NS	222
* Lorna L. Thomas, MD	D	222
* M. Varkey Thomas, MD	PUD	062
* Philomina C. Thomas, MD	PD	222
* Thomas K. Thomas, MD	FP	222
* William G. Thomas, MD	FP	070
* Arthur L. Thompson, MD	PD	222
* Charles A. Thompson, MD	IM	062
* D. Eugene Thompson, MD	ORS	174
* David E. Thompson, MD	U	106
* Edward C. Thompson, MD	AN	106
* Frank D. Thompson, MD	AN	106
* Hugh O. Thompson, MD	GP	222
* Jack W. Thompson, MD	OBG	062
* Margaret E. Thompson, MD	FP	106
* Michael D. Thompson, MD	EM	218
* Norman W. Thompson, MD	GS	218
* William C. Thompson, III	DR	222
* William E. Thompson, Jr.	PS	062
* Karen N. Thompson-Cardwel	IM	222
* Peter S. Thoms, MD	FP	062
* Susan S. Thoms, MD	OPH	174
* David L. Thomson, MD	END	126
* Allan K. Thorburn, MD	P	174
* Mary E. Thorne, MD	FP	090
* Kenneth E. Thorp, MD	R	090
* Donna Thorpe		222
* David C. Thorrez, MD	PD	218
* Surya R. Thota, MD	AN	062
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* V. S. Thyagarajan, MD	IM	098
* Dennis M. Tibble, MD	OPH	190
* Sharon L. Tice, MD	PD	222
* Ralph J. Tidalgo, MD	IM	222
* Robert L. Tiel, MD	NS	222
* Myles E. Tieszen, MD	GS	190
* Martha A. Tillson, MD	PTH	146
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* Gerald C. Timmis, MD	IM	174
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* Timothy J. Tinetti, MD	IM	174
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* Roderic E. Tinney, MD	PD	170
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* Rebecca P. Tisch, MD	OPH	218
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* Garson H. Tishkoff, MD	IM	090
* Joseph J. Tiziani, MD	P	190
* Robert E. Toal, MD	IM	222
* Rodrigo Tobar, Jr., DO	FP	174
* Rodrigo R. Tobar, MD	FP	222
* James F. Tobin, MD	OBG	134
* Patrick J. Tobin, MD	D	070
* Timothy J. Tobolic, MD	FP	106
* W. Mark Todd, MD	N	102
* Charles G. Todoroff, MD	IM	222
* Theodore G. Todoroff, MD	IM	222
* John L. Tofaute, MD	ORS	174
* Bernard L. Toft, MD	PDA	126
* Michael E. Tofteland, MD	ORS	126
* Sanford F. Tolchin, MD	IM	102
* Luis H. Toledo-Pereyra, MD	GS	102
* Bharat M. Tolia, MD	N	174
* Richard L. Tomacari, DO	IM	134
* Ronald C. Tomas, MD	IM	174
* Luis A. Tomatis, MD	TS	106
* M. C. Tomlanovich, MD	EM	222
* Allan L. Tompkins, MD	ORS	098
* Glenn F. Tompu, MD	OBG	194
* Nestor B. Tomycz, MD	END	062
* George K. Tong, MD	PTH	190
* Pikul C. Tontapanish, MD	AN	222
* Richard M. Tooker, MD	FP	102
* Amod S. Tootla, MD	GS	174
* Farouk S. Tootla, MD	CRS	174

Joel Topf		222
* H. Micheal Topley, MD	U	170
* Dean J. Toriello, MD	PS	106
* David W. Torkelson, MD	FP	190
* Lori-Ann P. Torreano, MD	FP	134
* Estelle P. Torres, MD	FP	186
* Leonel M. Torres, MD	AN	222
* Richard K. Torrey, MD	IM	162
* Jorge R. Torriglia, MD	U	222
* Robert J. Toteff, MD	FP	222
* Peter P. Toth		222
* Alfred Touma, MD	OPH	174
* Neal R. Touran, MD	AN	170
* Charles O. Townley, MD	ORS	194
* Richard R. Townley, MD	PD	106
* Jack H. Townsend, MD	IM	106
* Harry A. Towsley, MD	PD	218
* Karen B. Traber, MD	AN	218
* Edward G. Tracy, MD	R	126
* Kenneth N. Trader, MD	OBG	174
* Melvin E. Tramitz, MD	R	190
* Khiem T. Tran		222
* David J. Transue, MD	PD	126
* Tony J. Trapasso, MD	OPH	042
* Donald G. Trapp, MD	GP	078
* Richard S. Traul, MD	AN	102
* John H. Traylor, III, MD	AN	174
* Gaylord A. Treadway, MD	FP	022
* Marjorie C. Treadwell, MD	OBG	222
* Edward J. Treisman, MD	GS	174
* Raymond L. Tremblay, MD	IM	174
* Vincent S. Trent		222
* Michael T. Trese, MD	OPH	174
* Charles S. Tressler, MD	OPH	174
* John H. Triebwasser, MD	IM	222
* Daniel Triesenberg, MD	FP	142
* Robert H. Trimby, MD	PD	090
* Wayne M. Trinklein, MD	FP	090
* Lucius C. Tripp, MD	NS	222
* John R. Tritschuh, MD	OPH	102
* Geoffrey A. Trivax, MD	IM	174
* Dushyant Trivedi, MD	P	218
* John N. Trobaugh, MD	AN	022
* Jonathan D. Trobe, MD	OPH	218
* Gary L. Trock, MD	PD	174
* John S. Troiani, MD	PD	134
* Steven D. Trombly, MD	GP	126
* Jack L. Tromp, MD	GP	018
* Robert L. Troske, MD	P	106
* William C. Trowbridge, MD	GP	106
* Nestor Truccone, MD	PDC	174
* Mark G. Trudell, MD	FP	062
* Thomas J. Trueheart, MD	PD	222
* Miles W. Trumble, MD	OPH	170
* Paul L. Trump, MD	GS	054
* Donald J. Trumpour, MD	PD	174
* Ronald E. Trunsky, MD	P	222
* Bruce J. Trusock, MD	FP	082
* Clarence K. Tsai, MD	IM	218
* Tahsiung Tsai, MD	OBG	086
* You-Wen Tsai, MD	GS	222
* Kyriakos Tsalamandris		222
* Victor N. Tsaloff, MD	R	170
* Steve S. Tsangalis, MD	PS	222
* Ching S. Tsay, MD	AN	030
* James M. Tschirhart, MD	GS	190
* George T. Tseng, MD	AN	222
* George J. Tsiatalas, MD	GS	174
* Stefan A. Tsvetanov, MD	PTH	194
* Kang-Lee Tu, MD	OBG	174
* Ernesto C. Tuazon, MD	PD	222
* Constance J. Tubbs, MD	OBG	174
* Douglas B. Tubman, MD	FP	022
* Marc J. Tuchman, MD	AN	218
* Kenneth F. Tucker, MD	IM	126
* Mark H. Tucker, MD	PD	034
* William G. Tucker, MD	IM	110
* Donald L. Tuckey, MD	OBG	190
* Glinda P. Tugade-Noceda	PD	222
* David B. Tukel, MD	OPH	222
* Floyd S. Tukel, MD	OPH	222
* Jeffrey Tulin-Silver, MD	IM	174
* Martin A. Tuma, MD	GS	174
* Myrna C. Tumacder, MD	AN	062
* Robert S. Tumacder		222
* Thelma T. Tumacder, MD	PD	222
* George A. Tumaneng, MD	GP	062
* Jawahar L. Tummala, MD	PD	062
* Madhusudana R. Tummala, MD	DR	062
* Mary B. Tupper, MD	IM	222

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* Robert L. Tupper, MD	IM	106
* Cevdet Turan, MD	GS	174
* Allen F. Turck, MD	R	062
* Jeremiah G. Turcotte, MD	GS	218
* Vincent J. Turcotte, MD	CD	106
* Walter Turke, MD	P	190
* Edward T. Turner, Jr., MD	OBG	222
* Geoffrey K. Turner, MD	IM	070
* John J. Turner, MD	OBG	026
* Rachel E. Turner, MD	IM	222
* Arthur L. Tuuri, MD	PD	062
* Joseph R. Twanmoh, MD	EM	218
* Lewis H. Twigg, MD	OBG	062
* Taisja Z. Tworek, MD	PTH	222
* Narendra S. Tyagi, MD	GS	174
* Kirk D. Tyler, MD	OBG	186
* William H. Tyler, MD	OTO	162
* Eleanor Tylka, MD	PD	194

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* Erol Ucer, MD	P	062
* Ghayas Uddin, MD	PTH	090
* Anthony D. Udo-Inyang, MD	OBG	222
* Nash R. Uebelhart, MD	OBG	062
* William M. Uggen, MD	ORS	102
* J. Howard Uhl, MD	IM	106
* Gustav A. Uhlich, MD	GE	170
* Gregory M. Uitvlugt, MD	ORS	090
* Chester J. Ujda, MD	GP	222
* Celestine E. Ukah		222
* Benjamin T. Ulep, MD	FP	134
* Attila O. Ulgentalp, MD	GS	174
* Alexander S. Ullmann, MD	PTH	174
* Arthur A. Ulmer, MD	OBG	222
* Arthur H. Ulmer, MD	GS	194
* George B. Ulmer, MD	R	154
* Lawrence A. Ulmer, DO	FP	102
* John L. Ulrich, MD	D	222
* Yukio Umemori, MD	R	170
* Nizar A. Umran, MD	GS	138
* Robert S. Underhill, MD	P	174
* William G. Underhill, MD	GP	190
* Lee C. Underwood, MD	U	102
* William T. Unkefer, MD	OBG	174
* R. D. Untalan, MD	GS	054
* D. Mark Upham, MD	EM	014
* Everett G. Upjohn, MD	OS	102
* Catherine A. Upton, MD	IM	174
* Richard T. Upton, MD	OBG	106
* Eva A. Urban, MD	OPH	090
* Robert J. Urban, MD	FP	204
* William R. Urbancic, MD	GP	126
* Robert C. Urbanic, MD	IM	218
* David M. Urbanski, MD	IM	222
* Stephen A. Urbin, MD	ORS	186
* Vernon C. Urlich, MD	U	062
* Maurice D. Urist, MD	OPH	026
* Ilija Urosev, MD	IM	222
* Kenneth L. Urwiller, MD	U	174
* Howard R. Usitalo, MD	U	218
* Harold E. Usndek, MD	D	222
* R. V. Utamachitt, MD	IM	126
* Jerrold G. Utsler, MD	AN	218
* Gregory O. Utter, MD	OBG	222
* Joaquin O. Uy, MD	R	158
* Vicente Uy, MD	GP	110
* Rodolfo Uy-Ham, MD	NS	062

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* Vernon D. Vaandrager, MD	PD	106
* J. M. Vachhani, MD	GS	206
* Gita N. Vaidya, MD	IM	050
* Ramesh K. Vaidya, MD	U	222
* Gangadhar V. Vaishampayan	ON	174
* Otonas Vaitas, MD	FP	174
* V. K. Vaitkevicius, MD	ND	222
* Pankaj N. Vakharia, MD	IM	062
* Vidyachandra Vakhariya, MD	AN	222
* Vinod R. Vakhariya, MD	OBG	222
* Jose C. Valderrama, MD	OBG	218
* Roberto I. Valdesuso, MD	AN	222
* Jose V. Valdez, MD	PTH	222
* F Valdmanis, MD	R	106
* Paul N. Valenstien, MD	PTH	218

* Patricia V. Valia, MD	PD	190
* Samuel S. Valia, MD	PS	190
* Jose M. Valle, MD	IM	034
* Dennis E. Van Alst, MD	FP	226
* Fred J. Van Alstine, MD	FP	206
* Carl Van Appledorn, MD	U	218
* Gerald G. Van Arendonk, MD	FP	102
* William L. Van Arsdale, MD	GS	034
* Edward W. Van Auken, MD	GP	142
* L. A. Van Becelaere, MD	OBG	222
* D. B. Van Brocklin, MD	OM	062
* James D. Van Brocklin, MD	PM	062
* Fred W. Van Dahm, MD	PD	106
* John C. Van Dalsen, MD	FP	070
* Forrest R. Van Dam, MD	P	106
* Peter S. Van De Mark, MD	IM	142
* Jerrian Van Dellen, MD	GP	170
* Susan J. Van Dellen, DO	IM	222
* Hendrik C. Van Den Ende	FP	134
* Frank G. Van Deventer, MD	P	222
* Glenn M. Van Dommelen, MD	OBG	106
* Thomas H. Van Doren, MD	P	102
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* David H. Van Dyke, MD	N	106
* Richard A. Van Dyken, MD	IM	106
* William E. Van Eerden, MD	P	106
* Timothy Van Every, MD	OPH	170
* Jeffrey T. Van Gelderen	PD	022
* Cornelius Van Goor, MD	D	106
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* Russell N. Van Houzen, MD	IM	070
* Warren L. Van Kampen, MD	OPH	162
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* Jerry E. Van Kuiken, MD	PD	186
* Philip L. Van Lente, MD	FP	106
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* Peter G. Van Oosten, MD	OBG	102
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* Gordon F. Van Otteren, MD	IM	106
* Paul Van Portfliet, MD	OPH	106
* Leonard F. Van Raaphorst	GS	222
* Frederik S. Van Reesema	IM	218
* Steven L. Van Riper, MD	P	222
* Richard M. Van Schoick, MD	PD	098
* Timothy S. Van Schoick, MD	PD	098
* Robert L. Van Sickle, MD	PD	154
* Ellis J. Van Slyck, MD	IM	222
* John R. Van Timmeren, MD	AN	106
* A. Robert Van Tuinen, MD	IM	106
* Ronald J. Van Valkenburg	CHP	034
* Peter D. Van Vliet, MD	PTH	106
* Ada E. van Vloten, MD	PD	206
* Fredk I. Van Wagnen, MD	FP	098
* Lynn C. Van Wagnen, MD	IM	098
* Gerard L. Van Wesep, MD	OPH	106
* Gerald E. Van Wieren, MD	IM	166
* Thomas L. Van Wingen, MD	OBG	106
* Margaret D. Van Wylen, MD	P	186
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* Gary R. Vandekerckhove, MD	IM	070
* R. J. Vanden Belt, MD	CD	218
* Kenneth Vanden Berg, MD	GS	174
* Peter M. Vanden Berg, MD	GS	186
* R. J. Vanden Berg, MD	IM	186
* Tunis Vanden Berg, MD	FP	106
* William O. Vanden Berg, MD	OBG	106
* Ronald D. Vanden Brink, MD	IM	170
* William J. Vandenbelt, MD	OBG	022
* A. R. Vandenbergh, MD	IM	106
* Henry J. Vandenbergh, MD	GS	222
* Susan N. VandenBerg, MD	EM	106
* W. Christian VandenBerg	PM	106
* William VandenBerg, MD	OPH	106
* Paul L. Vandenbrink, MD	U	102
* Laura Vandenheede		222
* Seymour A. Vander, MD	GS	174
* Eric Vander Haagen, DO	EM	070
* Scott D. Vander Hill, MD	FP	142
* Tomm Vander Horst, MD	FP	050
* Harry Vander Kamp, MD	GP	034
* Kenneth J. Vander Kolk, MD	OBG	106
* Leonard C. Vander Lin, MD	P	106
* Raymond L. Vander Meer, MD	IM	106
* John Vander Molen, MD	FP	106

* Ronald L. Vander Molen, MD	GS	174
* Philip B. Vander Naald, MD	AN	170
* Larry M. Vander Plas, MD	OPH	034
* Robert A. Vander Ploeg, MD	GS	106
* Lorri P. Vander Roest, MD	PD	218
* D. W. Vander Vliet, MD	CHP	106
* William L. Vander Vliet	FP	186
* Gerald A. Vander Voord, MD	FP	090
* Phil Vander Woude, MD	GS	186
* W. C. Vander Yacht, MD	OBG	218
* Henry L. Vanderkolk, MD	DR	106
* Michael H. Vanderkolk, MD	GS	070
* Ronald L. Vanderlaan, MD	CD	106
* James T. Vanderlugt, MD	IM	102
* Ronald L. Vanderlugt, MD	OPH	102
* Evelyn E. Vanderveen, MD	D	106
* Gilbert J. Vanderveen, MD	OPH	106
* Theo S. Vanderveen, MD	OTO	186
* Corwin G. VanDerVeer, MD	OBG	106
* Kenneth VanderVelde, Jr.	GS	102
* David A. Vanderwall, MD	GS	106
* Karen J. Vanderwall, MD		222
* William R. Vandiver-Rodri		090
* Steven J. Vandornik, MD	N	186
* Douglas M. Vandrie, MD	OBG	106
* Joan K. Vangel, MD	IM	174
* Edwin G. Vann, MD	EM	026
* Thomas G. Varbedian, MD	OPH	174
* Darryl J. Varda, MD	N	106
* Joseph K. Varghese, MD	IM	062
* Siavosh Varjavandi, MD	U	062
* Alan B. Varley, MD	PA	102
* Howard L. Varney, MD	FP	096
* Hratch V. Vartanian, MD	OBG	222
* T. J. Vasanthakumar, MD	GS	062
* William J. Vasileff, MD	PS	174
* Antonio C. Vasquez, MD	CDS	022
* Virgilio F. Vasquez, MD	N	162
* C. Mark Vasu, MD	CD	106
* Ganesh K. Vathiyam, MD	AN	174
* Charles R. Vaughn, MD	PTH	022
* Clarence B. Vaughn, MD	IM	174
* Kenneth L. Vaughn, MD	PD	222
* Annette Vaughn-Bostic, MD	ON	174
* Habib Vaziri, MD	P	174
* Charles T. Vear, MD	FP	078
* David J. Veeneman, MD	PD	186
* Mark Veenendaal, MD	IM	090
* Girard Veenschoten, MD	GP	138
* Bernard M. Veenstra, MD	GP	186
* Mark A. Veenstra, MD	ORS	102
* Nicholas N. Velarde, MD	N	062
* Bernard Velardo, MD	AN	222
* Andrew H. Veldhuis, MD	OBG	096
* James B. Veldkamp, MD	IM	106
* Jerold P. Veldman, MD	PD	030
* Mauro B. Velilla, MD	GP	222
* Selma Q. Velilla, MD	AN	222
* Lijda A. Vellekoop, MD	ON	154
* Jay H. Veltman, MD	PD	106
* Sasikala Vemulapalli, MD	FP	062
* Babu R. Vemuri, MD	DR	222
* Devi Vemuri, MD	AN	222
* Radhakrishna Vemuri, MD	IM	102
* John R. Venable, MD	OM	154
* William J. Venema, MD	PD	102
* Robert J. Veneri, MD	IM	222
* Anton G. Venier, MD	GP	042
* Hema X. Venkat, MD	PTH	222
* Ramanan S. Venkat, MD	DR	222
* Shweta R. Venkat, MD	IM	222
* Carmen R. Ventocilla, MD	PM	222
* David L. Ver Lee, MD	OPH	062
* Jimmie J. Ver Lee, MD	AN	174
* Ramon E. Vera, MD	FP	062
* Patrick M. Verb, MD	OPH	222
* Glenn P. Verbrugge, MD	GS	226
* Daniel J. Verburg, MD	OBG	170
* Francis J. Verde, MD	R	106
* David D. Verdier, MD	OPH	106
* L. William Vergith, MD	R	062
* Martin D. Verhage, MD	GP	102
* Peter J. Verkaik, MD	GP	186
* Steven J. Verkaik, MD	FP	186
* Robert P. Vermaire, MD	FP	218
* Richard E. Vermeulen, MD	PM	134
* Rudy J. Vervaeke, MD	IM	222
* Rogelio C. Verzosa, MD	P	158
* Gunnar Vetne, MD	IM	034
* A. N. Vettraiho, MD	FP	174

Vettraiho

Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Vibhasiri

* K. Vibhasiri, MD	IM	222
* Sasinee Vibhasiri, MD	OBG	222
* Normita D. Vicencio, MD	PUD	222
* Jay Victor, MD	D	222
* Lyle D. Victor, MD	IM	222
* Felipe G. Videla, MD	P	062
* P. G. Vijayakuma, MD	P	222
* Narayanan Vikraman, MD	IM	222
* Douglas L. Villa, MD	FP	054
* Juan O. Villamin, MD	GS	222
* Narcisa K. Villamin, MD	IM	222
* Patrick A. Villani, MD	OPH	222
* Ethel L. Villanueva, MD	PD	126
* Renato A. Villanueva, MD	AN	126
* Isaías S. Villarosa, MD	DR	222
* Virgilio Villarreal, MD	GS	062
* Antonio Q. Villarta, MD	OTO	114
* Alfonso A. Villegas, MD	ORS	190
* Roberto Villegas, Jr., MD	PD	062
* Charles C. Vincent, MD	OBG	222
* David E. Vincent, MD	P	174
* John H. Vincent, MD	GP	190
* Alberto Vincenti, MD	IM	222
* Andrew K. Vine, MD	OPH	218
* Keats K. Vining, MD	IM	106
* F. V. Viola, III, MD	OM	222
* Sherry L. Viola, MD	PM	174
* William S. F. Vipond, MD	OPH	222
* George J. Viscomi, MD	OTO	222
* Donald W. Visscher, MD	IM	222
* Bryan D. Visser, MD	PM	102
* Earl R. Visser, MD	AN	106
* John R. Visser, MD	N	106
* Richard W. Visser, MD	EM	106
* L. A. Vitangcol, Jr., MD	GS	026
* Robert P. Vitek, MD	OM	154
* Robert L. Vitu, MD	FP	190
* Carlos A. Vivas, MD	U	174
* Steven A. Vix, MD	IM	122
* Jan J. Vlach, MD	FP	070
* Anton Vogel, MD	GP	106
* Robert A. Vogt, MD	DR	174
* Ronald A. Voice		218
* James L. Voigt, MD	FP	102
* George A. Voikos, MD	GP	162
* James M. Volkel, MD	EM	034
* John A. Vollmer, MD	FP	126
* Vollrad J. Von Berg, MD	GS	222
* Noel A. Von Glahn, MD	OPH	222
* Richard K. Von Maur, MD	IM	102
* Paul T. Von Oeyen, MD	OBG	174
* Ellwood G. Voorhees, MD	GS	042
* John J. Voorhees, MD	D	218
* Kandarp K. Vora, MD	FP	150
* Kirit K. Vora, MD	U	174
* Steven E. Vorenkamp, MD	ORS	170
* Andrew J. Vosburgh, MD	IM	174
* A. E. Vossler, II, MD	ORS	026
* I. J. Voudoukis, MD	IM	222
* Carol J. Voytas, MD	FP	102
* John J. Vrbancak, MD	EM	130
* Pieter D. Vreede, MD	IM	218
* Hoat Vu, MD	GP	210
* Pranav K. Vyas, MD	R	222
* Satish C. Vyas, MD	PS	222
* John R. Vydereny, MD	D	106

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* Douglas F. Wacker, MD	OTO	090
* Richard L. Wacksman, MD	OPH	022
* Roy W. Waddell, MD	ORS	106
* Folayan I. Wade		222
* Franklin V. Wade, MD	GS	070
* Frazer A. Wadenstorer, MD	PUD	062
* Edward H. Wagenaar, MD	PD	162
* Harold R. Wagenberg, MD	D	174
* Sanford E. Wagenberg, MD	DR	222
* Creighton A. Wagener, MD	OBG	070
* Elliot C. Wagenheim, MD	P	174
* Lyle G. Waggoner, MD	OTO	222
* Raymond W. Waggoner, MD	P	218
* Christian E. Wagner, MD	FP	106
* Dennis A. Wagner, MD	AN	154
* John R. Wagner, MD	ORS	222
* K. Steven Wagner, MD	OBG	174
* Lisa Wagner-Rogers, MD	EM	102
* George F. Wagoner, MD	OBG	226

* Jack B. Wagoner, MD	AN	098
* Richard A. Wahl, MD	OBG	222
* Dennis W. Wahr, MD	CD	218
* Michael A. Wainstock, MD	OPH	222
* Susan L. Wainwright, MD	P	174
* Barry F. Waite, MD	GP	190
* Douglas L. Wake, MD	PD	174
* Susan H. Wakefield, MD	PD	106
* Thomas W. Wakefield, MD	GS	218
* Everal M. Wakeman, MD	FP	222
* Frederick A. Wakerley, DO	AN	162
* Richard H. Wakulat, MD	IM	170
* Thomas P. Waldinger, MD	D	222
* Linda M. Waldman, MD	P	222
* Robert Waldmann, DO	HEM	126
* Alexander M. Waldron, MD	IM	218
* Jerry L. Waldyke, MD	FP	218
* John A. Walen, MD	FP	106
* Paul A. Walk, MD	FP	034
* Lacey Walke, MD	GS	126
* David A. Walker, DO	PUD	070
* Frank B. Walker, MD	PTH	222
* James D. Walker, MD	GP	062
* Jeffrey B. Walker, MD	AN	106
* Joanne B. Walker, MD	DR	218
* Richard H. Walker, MD	CLP	174
* Robert O. Walker, MD	IM	222
* William L. Walker, MD	DR	014
* William M. Walker, MD	AN	222
* Sharon S. Walker-Watkins	OBG	222
* Robert G. Walkowiak, MD	OBG	222
* Donald B. Wallace, MD	PS	174
* S. Willard Wallace, MD	OPH	026
* Albert A. Wallaert, MD	P	126
* Andrew J. Waller, MD	IM	218
* John P. Waller, MD	OPH	222
* Carl H. Wallman, MD	R	074
* Julius M. Wallner, MD	P	218
* Clarence E. Walls, MD	ORS	106
* Daniel Walma, MD	OPH	106
* Denis E. Walsh, MD	P	218
* Max T. Walsh, MD	OPH	174
* John F. Walstrum, MD	FP	010
* David T. Walsworth		222
* Alexander J. Walt, MD	GS	222
* Daniel L. Walter, MD	FP	062
* Norman E. Walter, MD	ORS	062
* Randall R. Walter, MD	DR	222
* William J. Walter, MD	PTH	102
* Arthur S. Walters, MD	N	222
* James E. Walters, MD	AN	142
* John F. Walters, MD	GP	034
* William D. Walters, MD	PTH	034
* Larry R. Walton, MD	HS	102
* Nathaniel J. Walton, MD	GP	030
* Douglas J. Walvoord, MD	U	186
* Daniel J. Walz, MD	R	222
* Darius E. Wampler, MD	D	186
* Bing H. Wan, MD	AN	022
* C. Herbert Wang, MD	R	222
* Charles C. Wang, MD	PTH	186
* Chung Y. Wang, MD	AN	174
* David C. Wang, MD	DR	222
* Joy Y. Wang, MD	OBG	222
* Lawrence Wang, MD	R	222
* Paul W. Wang, MD	D	102
* Stephen C. Wang, MD	U	062
* Timothy S. Wang		222
* Creed F. Ward, Jr., MD	PD	222
* Peter A. Ward, MD	PTH	218
* Robert C. Ward, III, DO	N	026
* William S. Ward, MD	ORS	174
* Christine E. Ward-Krause		222
* Jon M. Wardner, MD	PM	218
* Geoffrey A. Wardwell, MD	R	102
* Michael A. Warlick, MD	PUD	102
* Frederick H. Warner, MD	OBG	174
* Janet G. Warner		222
* Robert D. Warnke, MD	IM	102
* Aaron K. Warren, MD	GP	038
* Bernice K. Warren, MD	IM	222
* Irving A. Warren, MD	GE	222
* Max W. Warren, MD	P	222
* Tarik Wasfie, MD	GS	062
* Bruce C. Washington, MD	GS	222
* Donna J. Washington, MD	IM	222
* Harold W. Wasserman, MD	IM	222
* Lewis C. Wassermann, MD	OBG	222
* Jerome H. Wassink, MD	FP	186
* Roger N. Wassink, MD	ORS	106

* Kim Waterfall, MD	FP	150
* Desmond P. Waters, MD	GP	138
* Duane L. Waters, MD	PD	204
* John A. Waters, MD	OPH	062
* William L. Waters, MD	PD	170
* James K. Watkins, MD	U	106
* Richard D. Watkins, MD	P	170
* Thomas M. Watkins, MD	GP	014
* Kay E. Watnick, MD	D	222
* Richard L. Watnick, MD	OPH	126
* Dottie L. Watson, MD	OBG	222
* Harwood G. Watson, MD	OBG	222
* Jacquelyn R. Watson, MD	R	106
* James E. Watson, MD	OPH	222
* Lydia A. Watson, MD	OBG	190
* Ralph E. Watson, MD	IM	090
* Charles M. Watts, MD	IM	218
* Frederick B. Watts, Jr.	R	218
* John C. Watts, MD	GP	222
* Joseph C. Watts, MD	OBG	222
* Stephen J. Watts, MD	IM	222
* James E. Wawn, MD	AN	090
* John H. Way, MD	IM	022
* Alan P. Weamer, MD	FP	062
* Edwin C. Weathington, MD	OBG	090
* Arthur W. Weaver, MD	GS	222
* Donald W. Weaver, MD	GS	222
* Charles R. Webb, MD	CD	222
* Charles W. Webb, MD	GP	206
* Clarence F. Webb, MD	OBG	106
* James D. Webb, MD	IM	166
* Lester E. Webb, MD	FP	190
* William R. Webb, MD	FP	222
* Jerome E. Weber, MD	PD	106
* Dennis Z. Weber, MD	OPH	222
* Laurence G. Weber, MD	FP	102
* Mark D. Weber, MD	ORS	150
* Robert M. Weber, MD	FP	062
* Roger A. Weber, MD	OPH	222
* Jean H. Webster, MD	PTH	170
* Jeremy D. Webster, MD	U	194
* Daniel J. Wechter, MD	OBG	190
* Wallace C. Weckesser, MD	D	194
* Malcolm L. Weckstein, MD	R	222
* Marvin S. Weckstein, MD	P	174
* Sander M. Weckstein, MD	P	070
* Edward R. Weddon, MD	FP	098
* Fred L. Wedeking, MD	EM	102
* Thomas A. Weeber, MD	FP	106
* Milton R. Weed, MD	IM	222
* James R. Weeks, Jr., MD	DR	014
* Vernon L. Weeks, MD	IM	158
* Robert L. Weeldreyer, MD	OBG	186
* Myron E. Wegman, MD	PH	218
* Patrick A. Wegman, MD	D	206
* Richard S. Wegryn, MD	PTH	222
* Toufic K. Webbe, MD	OBG	174
* Suzanne Wehrenberg, MD	FP	170
* John H. Weidner, MD	IM	222
* Richard Weiermiller, Jr.		090
* Philip J. Weighner, MD	IM	106
* Jack E. Weigle, MD	OBG	106
* Jack E. Weih, MD	OPH	070
* John F. Weiksnar, MD	GS	222
* William B. Weil, Jr., MD	PD	090
* Thomas A. Weimert, MD	OTO	218
* Jerrold H. Weinberg, MD	OBG	174
* Neal R. Weinberg, MD	PD	218
* K. A. Weinberger, MD	RHU	126
* Howard B. Weinblat	PD	218
* Allan D. Weiner, MD	PD	222
* Sheldon A. Weiner, MD	OBG	174
* William E. Weiner, MD	IM	202
* David S. Weingarden, MD	PM	126
* Saul I. Weingarden, MD	PM	222
* Charles J. Weingarten, MD	U	126
* Jeffrey L. Weingarten, MD	U	174
* Jeffrey S. Weingarten, MD	OTO	174
* Lee M. Weinstein, MD	PD	174
* Burton H. Weintraub, MD	IM	222
* Gerald S. Weintraub, MD	IM	174
* Jacob M. Weintraub, MD	PD	102
* Rosalyn Y. Weintraub, MD	D	174
* James R. Weir, MD	ORS	190
* Irvin I. Weisenthal, MD	P	222
* Lawrence S. Weisman, MD	GS	174
* Raoul L. Weisman, MD	GS	218
* Arno W. Weiss, Sr., MD	OTO	190
* Arno W. Weiss, Jr., MD	PS	190
* Casimir P. Weiss, MD	GP	222

Weiss

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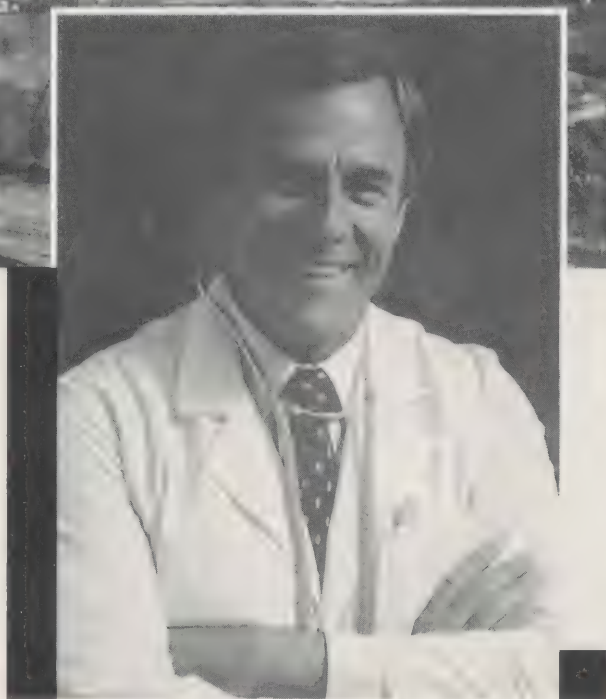
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Alphabetical Listing of MSMS Members

* Asterisk beside name denotes AMA membership

Weiss

* Harold Weiss, MD	OPH	174
* Irving R. Weiss, MD	IM	102
Jack I. Weiss, MD	GP	126
* Jerrold M. Weiss, MD	DR	090
* Joe E. Weiss, MD	PM	222
* John D. Weiss, MD	PTH	134
* Joseph J. Weiss, MD	IM	222
* Mark W. Weiss, MD	FP	062
* Morris Weiss, MD	P	174
* Myra J. Weiss, MD	IM	174
Fredrick Weissman, MD	PS	222
* Martin L. Weissman, MD	ORS	174
* Alan H. Weitenberner, MD	FP	126
* Charles J. Weitz, MD	DR	070
Harry L. Weitz, MD	DR	070
* Abraham Weizenberg, MD	IM	014
* Andrew M. Welch, MD	IM	106
* Kenneth M. Welch, MD	N	222
* Norman L. Welch, MD	PTH	162
* Robert A. Welch, MD	OBG	222
* Richard W. Welk, MD	AN	154
* Donald B. Welker, MD	FP	222
* Timothy T. Wellenmeyer, MD	FP	090
Daniel A. Weller, MD	CD	162
Keith E. Weller, MD	IM	106
* Herschel J. Wells, MD	IM	070
Martha L. Wells, MD	CHP	222
* Francis P. Welsh, MD	IM	134
* Kenneth B. Welsh, MD	OPH	222
Dieter Wendling, MD	OTO	126
* James B. Wendt, MD	PTH	154
* Vernon E. Wendt, MD	IM	106
* Edward L. Weng, MD	GS	126
* Milford E. Wenokur, MD	AN	222
* Tracey D. Wentz, MD	PTH	218
Jacob F. Wenzel, MD	CRS	222
* Janice L. Werbinski, MD	OBG	102
* Paul T. Werner, MD	FP	174
* Stephen E. Werner, MD	ORS	174
* Lawrence R. Werschky, MD	GS	198
* Gerald F. Wery, MD	IM	174
* Robert W. Wesche, MD	GS	026
Robert R. Wessels, MD	GS	174
* James B. Wessinger, MD	ORS	090
* Carole E. West, MD	OPH	222
Charles C. West, MD	R	090
* Daniel L. West, MD	IM	162
* George A. West, MD	OBG	062
* Edward J. Westerbecke, MD	ORS	026
* Robert J. Westerhoff, MD	FP	106
Richard L. Westerman, MD	FP	202
* Georgia J. Westermeyer, MD	PD	190
* Edwin J. Westfall, MD	IM	174
* Mary H. Westhoff, MD	PD	218
Bernard Weston, MD	GER	222
* Donald G. Weston, III, MD	AN	106
Earl E. Weston, MD	OM	222
Horace L. Weston, MD	OPH	222
* W. Donald Weston, MD	CHP	090
* William F. Weston, MD	D	102
* Robert A. Westover, MD	IM	170
Harry O. Westphal, MD	D	154
Warren K. Westrate, MD	GP	186
William J. Westrate, MD	FP	186
Robert G. Wetterstrom, MD	FP	218
* Richard A. Wetzel, MD	IM	174
* Scott C. Wetzel, MD	OBG	106
* Burt T. Weyhing, MD	R	222
* Robert L. Whaley, MD	IM	222
* Howard S. Wharton, MD	GP	034
* James R. Wheat, MD	FP	010
Bruce T. Wheatley, MD	OBG	222
* Craig A. Wheeler, MD	IM	090
J. D. Wheeler, MD	PTH	062
* Rachel Wheeler, MD	P	222
Joseph L. Whelan, MD	N	170
* George E. Whetmore, DO	PD	070
Arno A. Whipple, MD	GS	226
* George C. Whitaker, MD	OPH	102
* Daniel B. White, MD	IM	174
* David A. White, MD	FP	126
* Frank T. White, MD	FP	062
* Jacob E. White, MD	GS	222
* Jason M. White, MD	EM	190
* Louis I. White, MD	FP	174
Milton W. White, MD	GS	222
R. H. White, MD	GP	174
* Thomas C. White, MD	OBG	102
* Lourdes A. White-Arriola	IM	222
* Fred W. Whitehouse, MD	IM	222

John D. Whitehouse, MD	P	106
Keith H. Whitehouse, MD	GP	114
* W. M. Whitehouse, Jr., MD	CDS	218
* Edward H. Whitelock, MD	FP	222
* Raymond J. Whiteman, MD	R	218
* Lawrence C. Whiting, MD	FP	190
* James E. Whitman, MD	FP	222
* Mary C. Whitmer, DO	FP	050
* John T. Whitney, MD	IM	026
* Carl L. Whitt, MD	GS	026
* Glenn E. Whitted, MD	ORS	174
* James I. Whitten, MD	GS	222
R. N. Whittenberger, MD	GS	106
* Marianne Whowell, MD	AN	218
John L. Wiant, MD	FP	174
* Jerome P. Wiater, MD	ORS	174
* Stanley Wicha, MD	GS	222
Paul J. Wicht, MD	GP	218
Leo R. Wickert, MD	IM	096
Woodward A. Wickham, MD	GS	098
* Gregg B. Wickstrom, MD	ORS	070
* Steven P. Widlansky, MD	IM	222
* Peter J. Wiebenga, MD	EM	106
Henry E. Wierzchowski, MD	GP	222
* David H. Wiedemer, MD	GE	090
* Sandra D. Wiederhold, MD	PD	102
* John G. Wiegenstein, MD	EM	090
Lloyd T. Wiegierink, MD	FP	150
Robert G. Wiencok, MD	OM	222
Israel Wiener, MD	A	222
Morton J. Wiener, MD	IM	174
* Arthur Wierenga, MD	OPH	098
* James L. Wierman, DO	IM	038
* Dale A. Wiersma, MD	IM	186
Fred K. Wietersen, MD	DR	222
* Shirani Wijay, MD	IM	102
Edward S. Wikiera, MD	D	222
* Cynthia A. Wilberding, MD	IM	110
* Kenneth R. Wilcox, Jr., MD	PH	090
Leslie F. Wilcox, MD	DR	222
* Richard A. Wilcox, MD	DR	222
* Richard M. Wilcox, MD	GS	106
* Richard T. Wilcox, MD	R	162
* Timothy R. Wilcox, MD	OBG	170
* David A. Wild, MD	FP	130
* Donald E. Wild, MD	ORS	218
Bernard C. Wildgen, MD	OPH	162
* Stephen P. Wilensky, MD	R	090
Thomas Wilensky, MD	GS	090
* D. Eugene Wiley, MD	N	106
* Joseph W. Wiley, MD	PD	090
Philip K. Wiley, MD	GS	070
* Christopher D. Wilhelm, MD	IM	174
* Daniel J. Wilhelm, MD	PD	194
* Joseph L. Wilhelm, MD	OPH	090
* Kenneth G. Wilhelm, MD	GS	218
Rudolf E. Wilhelm, MD	PDA	222
John B. Wilkes, MD	GS	106
* James W. Wilkins, MD	D	098
* Charles A. Wilkinson, MD	R	106
* Todd S. Wilkinson, MD	IM	174
* William C. Wilkinson, MD	OPH	174
* Harvey S. Wilks, MD	CLP	198
* Harold J. Wilens, MD	CD	170
* Allen J. Williams, MD	EM	158
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COMPARATIVE PHARMACOLOGY OF TWO ANALGESICS					
	Constipation	Respiratory Depression	Sedation	Emesis	Physical Dependence
HYDROCODONE		X			X
OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. *Semin. Oncol.* 1975; 2: 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. *Ann. Intern. Med.* 1980 588-96.

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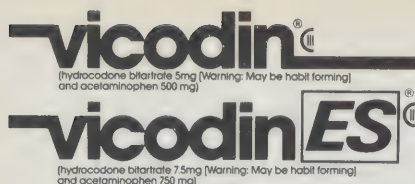
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Tablet for tablet, the most potent analgesic you can phone in.

* (hydrocodone bitartrate 5 mg [Warning: May be habit forming] and acetaminophen 500mg)

1. Data on file, Knoll Pharmaceuticals
2. Standard industry new prescription audit



INDICATIONS AND USAGE: For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or hydrocodone.

WARNINGS:
Allergic-Type Reactions: VICODIN/VICODIN ES Tablets contain sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people.

Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS:

Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease.

Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.

Usage in Pregnancy:

Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever.

Labor and Delivery: Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS:

The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes.

Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation.

Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.

DRUG ABUSE AND DEPENDENCE:

VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/VICODIN ES Tablets should be prescribed and administered with caution.

OVERDOSAGE:

Acetaminophen Signs and Symptoms: In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Hydrocodone Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur.

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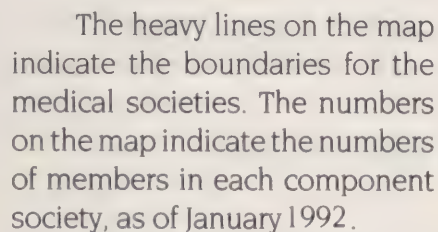
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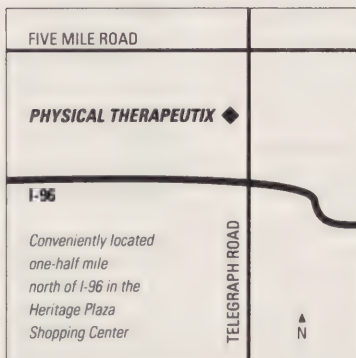
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* Peter B. Campbell, MD Two Hurley Plaza #212 Flint, MI 48503	IM	* Douglas D. Congdon, DO One Hurley Plaza Path Dep Flint, MI 48503	PTH	* Roy D. Diggs, MD 4250 N. Saginaw Flint, MI 48505	GS
* Donald R. Canada, MD G-1104 S. Linden Rd. Flint, MI 48532	D			* David K. Diskin, MD G-3200 Beecher Rd. Flint, MI 48532	OPH

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* Samuel R. Dismond, MD Two Hurley Plaza #108 Flint, MI 48503	FP	* Ben S. Farah, MD 2765 Flushing Rd. #215 Flint, MI 48504	IM	Saul S. Gorne, MD 915 E. Court St. #406 Flint, MI 48503	FP
* Clinton H. Dowd, MD Two Hurley Plaza #205 Flint, MI 48503	OBG	* Cyrus Farrehi, MD G-1071 N. Ballenger Hwy. Flint, MI 48504	CD	* James E. Graham, MD Two Hurley Plaza #205 Flint, MI 48503	OBG
* Sharon L. Dowd, MD 1810 Overhill Dr. Flint, MI 48503	ON	* Kenneth J. Fawcett, Sr., 302 Kensington Flint, MI 48503	PTH	* Scott A. Graves, MD 2181 W. Vienna Rd. Clio, MI 48420	FP
* John J. Doyle, MD 302 Kensington Ave. Farmly Hlth. Center Flint, MI 48502	FP	* Jose A. Fernandez, MD G-3245 Beecher Rd. Flint, MI 48532	PD	George H. Greidinger, MD P.O. Box 10969 Lahaina, HI 96761	PTH
* Silva L. Doyle, MD 1001 Woodlawn Park Dr. Flint, MI 48503	PD	* Orlando A. Filos, MD Two Hurley Plaza #203 Flint, MI 48503	IM	Ernest P. Griffin, Jr., M 615 Applegate Lane Grand Blanc, MI 48439	R
* Carla'ne Dukes, DO 7331 Greeley Rd. Utica, MI 48087	EM	* Linval K. Fleetwood, MD 1415 Broadway Blvd Flint, MI 48506	FP	* Emerich Grinbaum, MD 4002 N. Saginaw St. Flint, MI 48505	FP
Harold Dumas, MD 3611 Merritt Drive Metamora, MI 48455	P	* Clifton G. Follis, MD 6499 Flushing Rd. Flushing, MI 48433	TR	* Jack R. Grommons, MD P.O. Box 809 Frankfort, MI 49635	PM
* Deborah L. Duncan, MD 238 W. Caroline St. Fenton, MI 48430	FP	* Graydon R. Forrer, MD 6543 Cimmaron Circle Anchorage AK99504	P	* Hugh L. Grover, DO 3433 Fenton Rd. Flint, MI 48507	GP
* Ernesto S. Duterte, MD 1119 Villa Linde Ct Flint, MI 48532	IM	* Gregory J. Fortin, MD G-5020 W. Bristol Rd. Flint, MI 48507	GS	* Edwin H. Gullekson, MD 5031 Villa Linde Pkwy. #3 Flint, MI 48532	FP
* Katikuti E. Dutt, MD 7523 S. State Rd. Goodrich, MI 48438	IM	* Leon Friedman, MD 1051 Professional Dr. Flint, MI 48532	CD	* Charles R. Gumpfer, MD G-3245 Beecher Rd. Flint, MI 48532	FP
William F. Dwyer, MD 5389 Coral Ridge Grand Blanc, MI 48439	GS	* Neil A. Friedman, MD 5039 Villa Linde Pkwy. Flint, MI 48532	PM	* Suresh C. Gupta, MD 1097 S. State Rd. Davison, MI 48423 0006530899	IM
* Richard A. Dykewicz, MD 2744 Flushing Rd. Flint, MI 48504	FP	* Balvant K. Ganatra, MD G-5154 Miller Rd. Ste. A- Flint, MI 48507	GE	Julius J. Gutow, MD 726 Church St. Flint, MI 48502	FP
Wayne L. Eaton, MD 619 Applegate Lane Grand Blanc, MI 48439	PTH	* Bhadrabala B. Ganatra, MD G-3239 Beecher Rd Flint, MI 48532	N	* Eric R. Gutscher, MD G-5067 W. Bristol Rd. Flint, MI 48507	IM
* Manuel A. Echandi, MD G-3245 Beecher Rd. Flint, MI 48532	FP	* Anthony M. Gausas, MD 3280 North Elms Rd. Flushing, MI 48433	FP	* Eyassu Habte-Gabr, MD Two Hurley Plaza #212 Flint, MI 48503	IM
Thos N. Eickhorst, MD 2562 Nolen Drive Flint, MI 48504	GS	* Hesham E. Gayar, MD 4100 Beecher Rd. Flint, MI 48532	RO	* Richard D. Hackley, MD 1818 R. T. Longway Blvd. Flint, MI 48503	GP
* Douglas D. Eitzman, MD 2765 Flushing Rd. #302 Flint, MI 48504	OBG	* Michael J. Giacalone, Jr. 5438 Coral Ridge Drive Grand Blanc, MI 48439	IM	* Musa S. Haffajee, MD 1127 Villa Linde Ct. Flint, MI 48532	PS
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* Abdul A. Hassan, MD 1053 Professional Dr. Flint, MI 48532	GS	* Orestes D. Iung, MD G-1104 S Linden Rd Flint, MI 48532	IM	* Haesook Kim, MD 302 Kensington Flint, MI 48502	TR
* Fikria B. Hassan, MD 1146 S. Linden Rd. Flint, MI 48532	PD	* Leroy T. Jackson, MD Two Hurley Plaza #108 Flint, MI 48503	IM	* Jae C. Kim, MD 2351 Stonebridge Bldg G Flint, MI 48532	P
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* Jeanne K. Hicks, MD 2765 Flushing Rd. Flint, MI 48504	DR	* Robert L. Joynt, MD G-5067 W. Bristol Rd. Flint, MI 48507	PM	* Owen F. Kline, MD 3806 Wroxton Dr. Flint, MI 48532	GS
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* Ralph A. Hugunin, MD 2181 W. Vienna Rd. Clio, MI 48420	FP	* Jitendra P. Katneni, MD G-1071 N. Ballenger #312 Flint, MI 48504	IM	* Fook C. Kuet, MD 9319 Inverness Dr. Grand Blanc, MI 48439	AN
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* Soo Y. Hwang, MD 1011 Patrick St. #19 Flint, MI 48503	AN	Donald M. Kennett, MD 33 Wingo St. Tequesta, FL 33469	GP	* Nancy J. Kursik, MD 8483 Holly Rd. Grand Blanc, MI 48439	FP
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* Marvin Latchana, MD G-1071 N. Ballenger Hwy. Flint, MI 48504	IM	* Rosie M. Lumaque, MD 6474 Kings Pointe Rd. Grand Blanc, MI 48439	PD	* John M. McIlduff, MD G-5020 W. Bristol Rd. Flint, MI 48507	CDS
* Khalid Latif, MD 5225 E. Cook Rd. Ste. D Grand Blanc, MI 48439	R	* Richard M. Lundeen, MD 1057 Professional Dr B-3 Flint, MI 48532	FP	* Vicente M. Medalle, MD 1501 S. Center Rd. Burton, MI 48509	TS
* Paul R. Lauber, MD 2765 Flushing Rd. #206 Flint, MI 48504	R	* John A. Lusk, MD 9040 Davison Rd. P.O. Box 250 Davison, MI 48423	CD	* Mahendra P. Mehta, MD 4950 Stoneleigh Bloomfield Hills, MI 48302	EM
* Linda L. Lawrence, MD 2734 Parkside Dr. Flint, MI 48503	FP	* John W. Mac Kenzie, MD G-3245 Beecher Rd Flint, MI 48532	FP	* Henry P. Mendoza, MD 2239 S Linden Rd Flint, MI 48532	IM
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* Gregorio E. Lecea, MD Two Hurley Plaza #204 Flint, MI 48403	OBG	* John M. Macksood, MD 702 S. Ballenger Hwy. #30 Flint, MI 48532	AN	* Virginia Y. Mesa, MD 630 S. Saginaw St. Flint, MI 48502	GPM
* Chang Y. Lee, MD 2 Hurley Plaza #205 Flint, MI 48503	OBG	* Michael J. Macksood, DO 2050 S. Linden Rd. #100 Flint, MI 48532	U	* William J. Mestrezat, MD 702 S. Ballenger Flint, MI 48532	OPH
* David W. Lee, MD 8401 Holly Rd. Grand Blanc, MI 48439	P	* William E. Macksood, MD G-5119 W. Bristol Rd. Ste Flint, MI 48507	GS	* Joseph P. Metz, MD G-5105 W. Bristol Rd. Flint, MI 48507	OBG
* Billie Lewis, MD 1910 R. T. Longway Blvd. Flint, MI 48503	GS	* Lakshmana R. Madala, MD G-1173 N. Ballenger Hwy. Flint, MI 48504	AN	* Manilal O. Mewada, MD 2710 W. Court St. #7 Flint, MI 48503	OBG
* Vivian M. Lewis, MD 1618 Kensington Flint, MI 48503	PD	* Leo M. Madarang, MD 2237 S Linden Rd Flint, MI 48532	GS	* Robert M. Michels, MD 2702 Flushing Road Flint, MI 48504	OBG
* William G. Liekweg, MD 302 Kensington Ave. Flint, MI 48502	TS	* Chandulal B. Malde, MD G-3245 Beecher Rd. Flint, MI 48532	IM	* Raouf A. Mikhail, MD G-1082 N. Ballenger Hwy. Flint, MI 48504	GS
* Frederick S. Lim, MD 806 Tuuri Place Flint, MI 48503	PD	* Eranio U. Malto, MD G-1173 N Ballenger #203 Flint, MI 48504	AN	* Barry L. Miller, MD 420 S. Ballenger Hwy. Flint, MI 48532	IM
* Lily W. Lim, MD 1173 Dyemeadow Lane Flint, MI 48532	R	* Joseph M. Manoharan, MD 8232 Holly Rd. Grand Blanc, MI 48439	IM	* Mary J. Milroy, MD RR 1 Box 139A1 Yankton, SD 57078	GS
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* Cecila G. Lopez, MD 4085 S. Center Rd. Flint, MI 48519	PD	* Barbara A. Mc Intosh, MD Two Hurley Plaza #212 Flint, MI 48503	IM	* Raj K. Modi, MD 1304 Hickory Hollow Dr. Flint, MI 48532	IM
* Jose B. Lopez, MD G-3163 Flushing Rd. Flint, MI 48504	FP	* Peter K. Mc Leod, MD 1020 Professional Dr. Flint, MI 48532	R	* Usha R. Modi, MD 4437 Morrish Rd. Swartz Creek, MI 48473	IM
* H. M. Lopez-Negrete, MD G-3239 Beecher Rd. Flint, MI 48532	NS	* Richard J. Mc Murray, MD 2765 Flushing Rd. #302 Flint, MI 48504	OBG	* Albert C. Moeller, MD 2425 Austins Pkwy. #2 Flint, MI 48507	GS
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* Peter C. Moody, MD 6424 Kings Pointe Rd. Grand Blanc, MI 48439	PUD	* Harvey A. Olds, MD 2710 W. Court St. #10 Flint, MI 48503	PD	* W. Archibald Piper, MD 2313 Stone Bridge Dr. Flint, MI 48532	PS
* Edilberto Moreno, MD One Hurley Plaza Flint, MI 48502	OBG	Mary R. Oldt, MD 5082 Hawaiian Terrace Cincinnati, OH 45223	PTH	* Alice L. Platt, MD 5551 Territorial Rd. Grand Blanc, MI 48439	EM
* Alan L. Morgan, MD 5478 Sugar Bush Lane Flint, MI 48532	GS	* Robert S. Ormond, MD 7480 E. Holly Rd. Holly, MI 48442	R	* George D. Politis, MD 100 S. Dort Hwy. Flint, MI 48503	PD
* Paul R. Morin, MD 1074 Professional Dr Flint, MI 48532	PD	* Brian L. Ortman, MD 8310 Appleblossom Ln. Flushing, MI 48433	ORS	* Jack E. Portney, MD 725 Stevens St. Flint, MI 48502	FP
* Willys F. Mueller, MD 13335 Pomona Drive Fenton, MI 48430	PTH	Seymour L. Osher, MD 315 E. Court St. Flint, MI 48502	IM	* V. B. Prathikanti, MD 7320 S. State Rd. Goodrich, MI 48438	GS
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* Sumathi R. Mukkamala, MD 8483 Holly Rd. #205 Grand Blanc, MI 48439	PD	* Larry L. Pack, MD G-5085 W. Bristol Rd. Flint, MI 48507	ORS	Richard W. Prior, MD 1371 Cutler Ct. Marco Island, FL 33937	OM
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* Ureddi R. Mullangi, MD 5454 Country Club Lane Grand Blanc, MI 484399-1790 000000000	DR	* J. Rajkumer Pandyan, MD 2425 Austins Pkwy #1 Flint, MI 48507	GS	* V. P. Puttagunta, MD 1011 Patrick St. #19 Flint, MI 48503	AN
E. Grant Murphy, MD 17547 Devereux Rd. San Diego, CA 92128	PTH	* Rajeevi Pandyan, MD 302 Kensington Ave. #219 Flint, MI 48502	OBG	* David H. Pyatt, MD 1166 N. Ballenger Hwy. Flint, MI 48504	OBG
* Paul H. Musson, MD G-3500 Flushing Rd. #550 Flint, MI 48504	IM	* Dennis J. Pank, MD 8483 Holly Rd. Grand Blanc, MI 48439 0006940113	FP	* John Quin, Jr., MD 2765 Flushing Rd #214 Flint, MI 48504	IM
* Marigowda Nagaraju, MD 2425 Austins Pkwy. #3 Flint, MI 48507	IM	* Anthony M. Parillo, MD 5225 E. Cook Rd. Ste. D Grand Blanc, MI 48439	R	* Abdullah Raffee, MD G-3560 Flushing Rd. Flint, MI 48504	IM
* Nathaniel C. Narten, MD 1334 North Dye Rd Flint, MI 48532	ORS	* Hee D. Park, MD G-5119 W. Bristol Rd. Ste Flint, MI 48507	GS	* Bhargavi T. Raiji, MD 6203 Covered Wagon Trail Flint, MI 48532	R
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* Donald N. Reed, Jr., MD 1134 S. Linden Rd. #6 Flint, MI 485323437	GS	* Celso C. Samaniego, MD 1011 Patrick #19 Flint, MI 48503	AN	* Frederick W. Sherrin, MD G-5020 W. Bristol Rd. Flint, MI 48507	CDS
* John H. Reid, MD 1074 Professional Dr. Flint, MI 48532	PD	Russell G. Sandberg, MD 5431 Fernwood Dr. Flint, MI 48532	U	* Christopher K. Shier, MD 1020 Professional Dr. Flint, MI 48532	DR
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* James T. Rhyee, MD 5039 Villa Linde Pkwy Flint, MI 48532	P	Robert W. Schmidlin, MD 5449 Hickory Circle Flushing, MI 48433	FP	* Elisea N. Singson, MD 2901 Westwood Pkwy. Flint, MI 48503	NEP
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George F. Rieth, MD 2194 Belle Meade Dr. Davison, MI 48423 062 OBG	EM	Ernst O. Schreiber, MD 906 Houston Dr Harlingen, TX 78550	A	* Ronald H. Smalley, MD 5059 Villa Linde Pkwy #28 Flint, MI 48532	FP
* William J. Roberson, MD 3455 Lippincott Blvd. Flint, MI 48507	OBG	* Paul E. Schroeder, MD G-1071 N Ballenger #310 Flint, MI 48504	IM	* Edwin M. Smith, MD 1815 Arbordale St. Ann Arbor, MI 48103	PM
* Maurice L. Robitaille, MD 2050 S. Linden Rd. #100 Flint, MI 48532	U	* Ronald L. Schuen, MD 307 Bellerive Springfield, IL 62704	CLP	Maurice J. Smith, MD G-3100 W. Miller Rd. #23- Flint, MI 48507	GP
* Gary T. Roome, MD 238 W. Caroline Fenton, MI 48430	FP	* Randolph E. Schumacher, M Two Hurley Plaza #212 Flint, MI 48503	IM	Sidney E. Smith, MD 2445 Warner Rd. Flushing, MI 48433	GS
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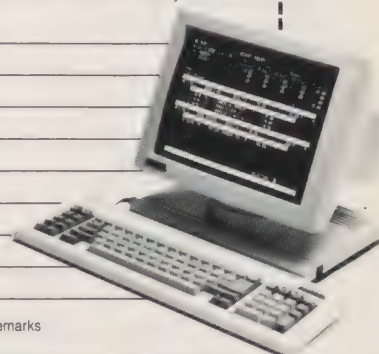
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William L. Bird, MD 6926 Overlook Dr Ft. Myers, FL 33910	GS	* Louis E. Sanford, MD 403 W. Main St. Belding, MI 48809	FP	* Gordon A. Page, Jr., MD 725 E. State St. Sterling, MI 48659	GP
* Jack H. Buck, MD 517 Division Ionia, MI 48846	GP	Robert O. Smith, MD 2400 S. Ocean Drive Seascape II #8184 Fort Pierce, FL 33449	GS	Norman P. Payea, MD P O Box 632 East Tawas, MI 48730	GP
Leo W. Bunce, MD 124 'B' St. Box 38 Trufant, MI 49347	GP	Charles E. Stevens, MD 406 South St. Greenville, MI 48838	FP	* Richard P. Payea, MD P.O. Box 392 East Tawas, MI 48730	FP
* Doyle E. Calley, MD P.O. Box 66 Ionia, MI 48846	IM	* Har Swarup, MD Lakeview Medical Ctr Lakeview, MI 48850	GS	* Josip Petani, MD P O Box 60 Tawas City, MI 48764	PD
Richard E. Campbell, MD 55 Cathedral Rock Dr #21 Sedona, AZ 86336	GS	* B. M. Thangamani, MD 910 E. Lincoln Box 78 Ionia, MI 48846	IM	* Jaya Sankaran, MD 1827 Douglas Dr. Tawas City, MI 48763	CLP
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* E. Gonzales-Ruiz, MD 1208 West Oak St. Greenville, MI 48838	IM	Iosco-Arenac (095)		* Fay Ellen Seppala, MD 312 West M-55 Tawas City, MI 48763	GS
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Glenn W. House, MD 810 Macomber St. Greenville, MI 48838	GP	* Calixto T. Dimas, MD 100 Fourth Ave. #F209 Tawas City, MI 48763	DR	* Susan J. Solomon, MD 4723 Kingswood Dr. Oscoda, MI 48750	FP
* Zafar Iqbal, MD 848 E. Lincoln Ave. Box 5 Ionia, MI 48846	GS	Malcolm K. Dolbee, MD P.O. Box 609 Standish, MI 48658		* Raymond L. Sutton, MD 116 W. State East Tawas, MI 48730	GP
* David I. Kay, MD 917 W. Oak St. Greenville, MI 48838	FP	Sydney A. Elk, MD Usaf Hospital Wurtsmith, MI 48753	R	* Marta P. Szego-Koltay, MD 588 Pine Lane East Tawas, MI 48730	R
Joseph Kopchick, MD 187 Superior Muir, MI 48860	GP	* Hans H. Fischer, MD 529 E Cedar Box 400 Standish, MI 48658	GS		

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* C. David Wright, MD 106 Division St. Oscoda, MI 48750	FP	* G. D. Klickstein, MD 211 S. Crapo St. Mt. Pleasant, MI 48858	GS	* Robert D. Albertson, III 900 E Michigan Ave. Jackson, MI 49201	IM
Isabella-Clare (096)		* Charles J. Lilly, MD 211 Crapo Mt. Pleasant, MI 48858	ORS	* Beuker F. Amann, Jr., MD 1116 W. Ganson St. Jackson, MI 49202	OPH
* Sajida A. Ahmed, MD 212 W. 6th St. Clare, MI 48617	OBG	* Modesto A. Lorenzo, MD 720 Rainbow Dr. Po Box 65 Clare, MI 48617	R	* Nitin R. Ambani, MD 710 S. Brown St. Jackson, MI 49203	U
* Christian E. Allan, MD 314 S. Brown St. Mt. Pleasant, MI 48858	OBG	Alexsanders Lusus, MD 1105 Snyder Ann Arbor, MI 48103	GP	* Sigmund H. Ancerewicz, MD 2121 Spring Arbor Rd. Jackson, MI 49203	OTO
Andrew V. Bedo, MD 802 Gordon Mt. Pleasant, MI 48858	PD	Stewart C. Mc Arthur, MD 4525 North Mission Rosebush, MI 48878	GP	* Libby S. Anderson, MD 2204 Vandemere Rd. Jackson, MI 49201	R
* John M. Caldwell, MD 314 S. Brown St. Mt. Pleasant, MI 48858	IM	* Donald F. Nagler, MD 314 S. Brown St. Mt. Pleasant, MI 48858	IM	Saul Appel, MD 594 Whipporwill Lane Largo, FL 33540	D
Ray W. Chamberlain, MD 608 E. Chippewa St. Mt. Pleasant, MI 48858	ABS	* Mitchel Osman, MD 211 S. Crapo Ste. L Mt. Pleasant, MI 48858	P	* James C. Askins, MD 214 N. West Ave. Jackson, MI 49201	FP
* Stephen G. Chase, MD 211 S. Crapo Mt. Pleasant, MI 48858	OTO	* David Petrella, MD 211 S. Crapo St. Ste. F Mt. Pleasant, MI 48858	R	* John A. Axelson, MD 900 E. Michigan Ave. Jackson, MI 49201	IM
Marcine C. Davies, MD 1640 Lake Dr. Haslett, MI 48040	IM	Russell M. Ragan, MD 505 Hiawatha Dr. Mt. Pleasant, MI 48858	FP	* Necla S. Aydar, MD 421 McNeal St. Jackson, MI 49203	OBG
Thomas E. Del Giorno, MD 10307 Blue Lake Rd. Mecosta, MI 49332	AN	* Ara A. Sheperdigian, MD 314 S. Brown Mt. Pleasant, MI 48858	IM	* David O. Bankole, MD 519 N. East Ave. Jackson, MI 49201	IM
* Vincent J. Dube, MD P.O. Box 916 Mt. Pleasant, MI 48858	AN	* Lowell Smotkin, MD 314 S. Brown St. Mt. Pleasant, MI 48858	IM	* Bruce S. Barbour, MD 1310 Greenwood Ave. Jackson, MI 49203	IM
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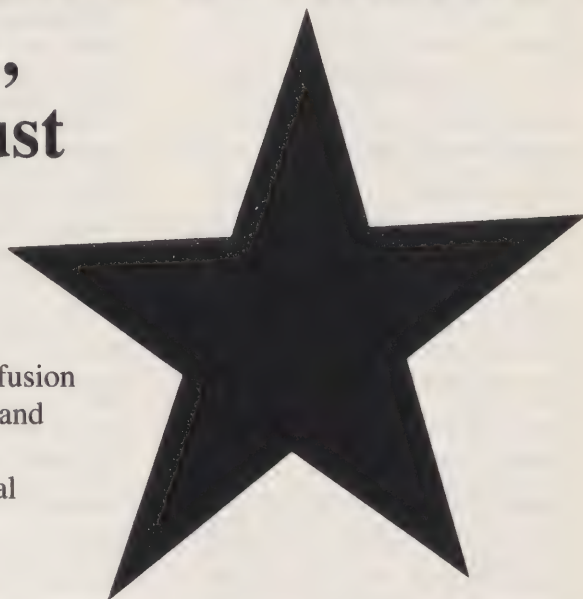
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* Imdad H. Butt, MD 2575 Spring Arbor Rd. Jackson, MI 49203	IM	* Marvin D. Fields, MD 2424 Spring Arbor Rd. Jackson, MI 49203	FP	* Paul S. Kenyon, MD 150 S. East Ave. Jackson, MI 49204	ORS
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* Ray H. Clark, MD 900 E Michigan Ave. Jackson, MI 49201	HEM	* Jack D. Gift, MD 300 W. Washington Ave. #0 Jackson, MI 49201	R	Robert J. Kobs, MD 2018 Dale Rd. Jackson, MI 49201	OPH
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* David E. Eggert, MD 1407 E. Michigan Ave. Jackson, MI 49202	GS	William A. Joerin, MD 745 Nob Hill Vista, CA 92084	AN	* John C. Maino, II, MD 2200 Smalley Jackson, MI 49202	IM
* Arnulf Ehmer, MD 766 W. Michigan Ave. Jackson, MI 49201	OPH	* Lloyd C. Jones, MD 517 Wildwood Jackson, MI 49201	OBG	* Mary A. Mangelsen, MD 17467 Cavanaugh Lake Rd. Chelsea, MI 48118	IM

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- ★ tangible results that ensure your ultimate satisfaction with Critical Care America's services.

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* Ralph A. Muhich, MD 2466 Emmons Rd. Jackson, MI 49201	P	Bernard Z. Reizner, MD 2147 Creglow Dr. Jackson, MI 49203	R	* John F. Stageman, MD 2585 Spring Arbor Rd. Jackson, MI 49203	OTO
* David B. Munro, MD 500 Lansing Ave. Upper Le Jackson, MI 49201	FP	* Marc B. Renner, MD 600 S. Brown Jackson, MI 49201	DR	Lewis L. Stewart, MD 2251 Springport Rd Jackson, MI 49202	IM
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* R. V. Nagesh, MD 900 E. Michigan Ave. Jackson, MI 49201	IM	Richard G. Ries, MD 6221 Horton Rd. Jackson, MI 48201	OBG	Samuel Sugar, MD 2216 Grenadier Sun City Center, FL 33570	GP
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* Romuald J. Orlowski, MD 1014 Oakridge Dr. Jackson, MI 49203	P	* Pouran S. Samii, MD 2575 Spring Arbor Rd. #40 Jackson, MI 49203	PD	* V. S. Thyagarajan, MD 766 W. Michigan Ave. Jackson, MI 49201	IM
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* Piyush C. Patel, MD 600 S. Brown Box 905 Jackson, MI 49204	R	* Garland D. Scott, Jr., MD 720 W. Franklin Jackson, MI 49201	OBG	Fredk I. Van Wagnen, MD 8844 N. Shore Dr. Clark Lake, MI 49234	FP

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* Arthur Wierenga, MD 300 W. Washington #210 Jackson, MI 49201	OPH	* Robert J. Austin, MD 252 E. Lovell St. Kalamazoo, MI 49007	OBG	William G. Birch, MD 455 Ridge St. #102 Marquette, MI 49855	OBG
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* Eugene Willoughby, MD 3231 McCain Rd. Jackson, MI 49203	IM	* James B. Babel, MD 1717 Shaffer Ave. #108 Kalamazoo, MI 49001	GS	* Mark A. Blazek, MD 1065 W. Milham Rd. Kalamazoo, MI 49002	PD
Kalamazoo (102)		* Frederick W. Bald, III, M 150 E. Crosstown Pkwy. #2 Kalamazoo, MI 49001	OBG	* Gordon R. Bleil, MD 1334 Southern Ave. Kalamazoo, MI 49001	FP
* Thomas A. Abraham, MD 504 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	IM	* George J. Balogh, MD 6275 Liteolier Portage, MI 49002	DR	* Gregor W. Blix, MD 350 Bronson Med. Ctr., E. 252 E. Lovell Kalamazoo, MI 49007	U
* Romulo T. Abueva, MD 2019 Chevy Chase Blvd. Kalamazoo, MI 49008	AN	Winona M. Barrows, MD 1836 Paddington Rd. Kalamazoo, MI 49001	PUD	* Jeffrey F. Block, MD 1717 Shaffer St. Kalamazoo, MI 49001	NEP
Edward P. Ajemian, MD 271 Farrington Post Pittsboro, NC 27312	U	Manley L. Barry, MD 2510 Rambling Rd. Kalamazoo, MI 49008	P	Jerry C. Bobo, MD 252 E. Lovell Kalamazoo, MI 49007	OBG
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* Lloyd E. Appell, MD 126 N. Kalamazoo Ave. Vicksburg, MI 49097	IM				

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Upjohn Company 7000 Portage Road Kalamazoo, MI 49001		7000 Portage Rd. Upjohn C Kalamazoo, MI 49001		524 S. Park St. Kalamazoo, MI 49007	
* Robert D. Brouwer, MD	GE	* Padraic C. Carmody, MD	GS	Frank L. Cornish, MD	P
2065 Bronson Med. Ctr. 252 E. Lovell Kalamazoo, MI 49007		5044 Whippoorwill Dr. Portage, MI 49002		1350 Whites Rd. Kalamazoo, MI 49008	
Arthur L. Brown, II, MD	GDS	* Antonio P. Carrillo, MD	CD	* N. Warn Courtney, MD	R
4150 Lakdeside Dr. Kalamazoo, MI 49008		252 E. Lovell #506w Kalamazoo, MI 49007		524 S. Park St. Kalamazoo, MI 49007	
Bruce L. Brown, MD	IM	* Edward R. Carter, MD	OBG	Kenneth R. Crawley, MD	GP
4126 Old Field Trail Kalamazoo, MI 49008		820 John St. #102 Kalamazoo, MI 49001		1402 Desert Hills Dr. Sun City Center, FL 33573	
* Leonard A. Brunette, MD	R	* James W. Carter, MD	IM	Ray O. Creager, MD	OPH
524 S. Park St. Kalamazoo, MI 49007		1212 S. Park St. Kalamazoo, MI 49001		1218 Bronson Circle Kalamazoo, MI 49001	
* Joseph A. Bruno, MD	FP	* William C. Cartmill, MD	PD	Frank C. Cretsinger, MD	GS
6010 Gull Rd. Kalamazoo, MI 49004		300 Turwill Lane Kalamazoo, MI 49007		4718 Foxfire Trail Kalamazoo, MI 49009	
* Robert E. Brush, Jr., MD	PUD	* Jana S. Cazars, MD	D	* Raymond E. Croasdale, MD	OPH
1535 Gull Rd. #130 Kalamazoo, MI 49001		1631 Gull Rd #210 Kalamazoo, MI 49001		1052 Gull Rd. #216 Kalamazoo, MI 49001	
* George G. Bruzza, MD	OBG	* John T. Cerovski, MD	IM	* Eduardo R. Crotte, MD	DR
1717 Shaffer #232 Kalamazoo, MI 49001		820 John Street Kalamazoo, MI 49001		524 S. Park St. Kalamazoo, MI 49007	
* Harry W. Burdick, MD	ORS	* Elsamma Chacko, MD	IM	Richard K. Currier, MD	FP
1717 Shaffer Rd. #124 Kalamazoo, MI 49001		6710 Evergreen Portage, MI 49002		Box 1056 Outdoor Resorts Long Key, FL 33001	
* David W. Burke, MD	IM	* Ronald S. Chipps, MD	IM	* Rajesh D. Dagli, MD	N
252 E. Lovell #506 Kalamazoo, MI 49007		1017 Eldridge Kalamazoo, MI 49007		1717 Shaffer Rd. #229 Kalamazoo, MI 49001	
* Dennis P. Burke, MD	DR	* Dale D. J. Chodos, MD	PA	Doris E. Dahlstrom, MD	FP
3801 Songbird Land Kalamazoo, MI 49008-3358		619 Aqua View Dr. Kalamazoo, MI 49009		2792 Sylvan Beach Hickory Corners, MI 49060	
* Thomas B. Burkhardt, MD	PTH	Clarence P. Chrest, MD	R	* Bassam M. Dahman, MD	PDS
4330 Lake Forest Drive Kalamazoo, MI 49008		8441 N Via Tioga Tucson, AZ 85704		156 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	
* Quinter M. Burnett, II, M	ORS	* David J. Christ, MD	ORS	* Sanjay P. Dalal, MD	IM
150 E. Crosstown Pkwy. Kalamazoo, MI 49001		940 John St. Kalamazoo, MI 49001		1717 Shaffer St. #C-210 Kalamazoo, MI 49001	
Robert B. Burrell, MD	IM	* Daniel K. Christian, MD	IM	* Bruce E. Dall, MD	
2017 Hillsdale Ave. Kalamazoo, MI 49007		252 E. Lovell Kalamazoo, MI 49007		1717 Shaffer Rd Kalamazoo, MI 49001	
* Charles F. Butler, MD	TS	* Mark D. Clark, MD	AN	* Thomas E. Daufenbach, MD	AN
364 Bronson Med. Ctr. Wes 252 E. Lovell Kalamazoo, MI 49007		502 Bronson Medical Ctr. Kalamazoo, MI 49007		502 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	
* James F. Butler, DO	CD	* William K. Clegg, MD	EM	* David S. Davenport, MD	ID
252 E. Lovell St. #506 Kalamazoo, MI 49007		1521 Gull Rd. Kalamazoo, MI 49001		2515 Ridgeview Kalamazoo, MI 49008	
* Penny J. Butler, MD	IM	* Frederick L. Clement, MD	GS	* Robert B. Davis, MD	DR
2130 S. Park Kalamazoo, MI 49001		250 Bronson Medical Cente Kalamazoo, MI 49007		524 S. Park St. Kalamazoo, MI 49007	
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C. Glen Callander, MD	GS	Maynard M. Conrad, MD	ORS	John M. De Vries, MD	OBG
4418 Lake Forest Dr. Kalamazoo, MI 49008		1410 Low Rd. Kalamazoo, MI 49008		2601 Pine Ridge Rd. Kalamazoo, MI 49008	
* William B. Campbell, MD	IM	* John R. Cooley, MD	OBG	* Mark B. De Young, MD	FP
1717 Shaffer #106 Kalamazoo, MI 49001		320 Bronson Medical Ctr. Kalamazoo, MI 49007		6565 W. Main St. Kalamazoo, MI 49001	
		Paul F. Cooper, MD	GS		
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* David H. Doan, MD 355 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	IM	* Arthur N. Feinberg, MD 1065 W. Milham Rd. Kalamazoo, MI 49002	PD	Arthur F. Geis, MD 424 Jennison Ave. Kalamazoo, MI 49007	GS
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* Kenneth R. Dorner, MD 220 Bronson Medical Cente 252 E. Lovell Kalamazoo, MI 49007	PS	* Kevin M. Fickenschier, MD 1535 Gull Rd. #230 Kalamazoo, MI 49001	FP	* David L. Gerstner, MD 160 Bronson Medical Cente 252 E. Lovell Kalamazoo, MI 49007	HS
* Glen H. Douglass, MD 355 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	IM	* Paul J. Fierke, MD 117 E. Vine St. Kalamazoo, MI 49001	GS	* Richard M. Gerstner, MD 150 E. Crosstown Pkwy. #2 Kalamazoo, MI 49001	OBG
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* Gary M. Druskovich, MD 252 E. Lovell #502 Kalamazoo, MI 49007	AN	* David G. Flagler, MD 1717 Shaffer Rd. #229 Kalamazoo, MI 49001	N	* James D. Gilbert, MD 940 John St. Kalamazoo, MI 49001	ORS
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* Bryan J. Dunlop, MD 502 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	AN	John V. Fopeano, MD 2300 Portage St. #255 Kalamazoo, MI 49001	IM	Daniel F. Glaser, MD 22594 Concord Ave. Mattawan, MI 49071	PTH
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* David G. Dvorak, MD 255 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	OPH	Duane T. Freier, MD 1535 Gull Rd. #230 Kalamazoo, MI 49001	GS	James D. Goodspeed, MD 820 John St. #102 Kalamazoo, MI 49001	OBG
		* Harold D. Friedl, MD 1126 Gull Road Kalamazoo, MI 49001	CRS	* Ralph C. Gordon, MD MSU-KEMS 1535 Gull Rd. #2 Kalamazoo, MI 49001	PD
		* Gerald A. Friedman, MD 13324 N. Boulevard Vicksburg, MI 49097	IM	* George B. Goris, MD 7000 Portage Rd 9154-243- Kalamazoo, MI 49001	IM

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Michael Graf, MD 3904 Bronson Blvd. Kalamazoo, MI 49008	IM	*Cassandra C. Harrison, MD 1535 Gull Rd. #230 Kalamazoo, MI 49001	IM	Sandra J. Hoffmann, MD 1535 Gull Rd. #230 Kalamazoo, MI 49001	IM
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*Phillip M. Green, MD 4306 E. Gull Lake Rd. Hickory Corners, MI 49060	N	Russell A. Hayner, MD 718 Royce Kalamazoo, MI 49001	GP	*Douglas N. Homnick, MD 15924 M-43 Hickory Corners, MI 49060	PD
*Robert H. Grekin, MD 417 Forest St. Kalamazoo, MI 49001	D	*James C. Heersink, MD 250 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	GS	*Simon Hoogendyk, MD 1242 Whites Rd. Kalamazoo, MI 49008	IM
Norman A. Gremel, MD 5367 Green Pine Lane Kalamazoo, MI 49002	R	H. Sidney Heersma, MD 1923 Winchell Ave. Kalamazoo, MI 49008	PD	*Jonathan W. Hopkins, MD 1535 Gull Rd. #10 Kalamazoo, MI 49001	NS
*E. C. Grochowski, MD 154 Bronson Med. Ctr. 252 E. Lovell Kalamazoo, MI 49007	NEP	*Kurt P. Helgerson, MD 325 E. Centre St. Portage, MI 49081	FP	Richard W. Houston, MD 252 E. Lovell St. #2065 Kalamazoo, MI 49007	GE
*Augustus L. Guerrero, MD 150 E. Crosstown Pkwy. #1 Kalamazoo, MI 49007	PM	*John C. Hendricks, MD 255 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	OPH	Willard H. Howard, MD 1536 Gull Rd. Kalamazoo, MI 49001	GP
*Colette A. Gushurst, MD 3075 Kalarama Kalamazoo, MI 49002	PD	John W. Hendrix, MD 515 Fineview Kalamazoo, MI 49007	OBG	William N. Hubbard, MD 4630 Hickory Rd. Hickory Corners, MI 49060	OS
*Thomas P. Gushurst, MD 1717 Shaffer St. #209 Kalamazoo, MI 49001	GE	*Donald E. Herendeen, MD 4029 W. Main St. Kalamazoo, MI 49007	ORS	Anthony T. Hudson, MD 7625 Whispering Brook #10 Kalamazoo, MI 49002	CRS
Douglass A. Haddock, MD 7550 Woodbridge Ln. Kalamazoo, MI 49002	FP	*Gregorio V. Hernandez, MD 579 Springwood Dr. Kalamazoo, MI 49007	IM	*Philip B. Huizenga, MD P O Box 4020 Kalamazoo, MI 49003	P
*Kurt A. Haller, MD 1052 Gull Rd. Kalamazoo, MI 49001	OPH	*Rock A. Heyman, MD 575 W. Crosstown Pkwy. Kalamazoo, MI 49008	N	*Robert H. Hume, MD 365 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	GS
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*Michael P. Halpin, MD 252 E. Lovell #217 Kalamazoo, MI 49007	TS	*Sylvia I. Hicks-Fox, MD 7724 Chippewa St. Kalamazoo, MI 49002	PD	*Mark R. Hutchinson, MD 621 John St. Apt. H Kalamazoo, MI 49007	ORS
*Harold C. Halvorson, MD Upjohn Int. Inc., #243-0 7000 Portage Road Kalamazoo, MI 49002	OBG	*Stephen E. Higgins, MD 255 Bronson Med. Ctr. 252 E. Lovell Kalamazoo, MI 49007	PH	*Yoo S. Hwang, MD 535 S. Burdick St. #252 Kalamazoo, MI 49007	TR
*Malcolm R. Hamilton, MD 820 John St. #202 Kalamazoo, MI 49001	OBG	Roscoe C. Hildreth, MD 226 Grandview Ave. Kalamazoo, MI 49001	R	*Teodorico S. Ira, MD 4019 Old Field Trail Kalamazoo, MI 49008	GS
*James S. Hannum, MD 535 S. Burdick St. #165 Kalamazoo, MI 49007	OTO	*Indudhar S. Hiremath, MD 203 Upjohn Dr. Kalamazoo, MI 49001	GS	*George H. Ishler, MD Upjohn Company 7003-243-1 7000 Portage Road Kalamazoo, MI 49001	PTH
Curtis M. Hanson, MD 1535 Gull Rd. #230 Kalamazoo, MI 49001	ORS	*Ralph M. Hodges, MD 6565 W. Main St. Kalamazoo, MI 49009	GP	*Mary Ellen Jachec, MD 6320 Echo Court #2D Kalamazoo, MI 49002	IM
*J. Donald Hare, MD 64 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	PD	Albert B. Hodgman, MD S Forest Beach Juniper Hilton Head Isl, SC, 29928	GS	John M. Jacobowitz, MD 7616 Julie Drive Portage, MI 49081	GP
*Donald E. Harrell, MD 1634 Gull Rd. #105 Kalamazoo, MI 49001	FP	*Charles G. Hodgman, MD 524 S. Park St. Kalamazoo, MI 49007	DR	*James P. Jacobs, MD 7000 Portage Rd. #9157-298 Kalamazoo, MI 49001	OBG

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* Krishna M. Jain, MD 1535 Gull Rd. #305 Kalamazoo, MI 49001	CDS	* Lynn J. Kern, MD 252 E. Lovell St. #312 Kalamazoo, MI 49007	OBG	* A. Gregory Laurell, MD 524 S. Park St. Kalamazoo, MI 49007	DR
* Arthur R. James, MD 252 E. Lovell Kalamazoo, MI 49007	OBG	* Robert C. Kettunen, MD 1535 Gull Rd. #005 Kalamazoo, MI 49001	U	* J. Patrick Lavery, MD 252 E. Lovell St. #2220 Kalamazoo, MI 49007	OBG
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* Stephen E. Jefferson, MD 1535 Gull Rd. #130 Kalamazoo, MI 49001	IM	* Naji M. Khairallah, MD 621 John St. #G Kalamazoo, MI 49007	IM	* William T. Leeburg, MD 252 E. Lovell St. Kalamazoo, MI 49007	PTH
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* Dennis A. Jewett, MD 575 W. Crosstown Pkwy. Kalamazoo, MI 49001	N	* James B. Kilway, MD 820 John St. #201 Kalamazoo, MI 49001	GS	* Kathleen L. Lemmen, MD 1065 W. Milham Rd. Kalamazoo, MI 49002	PD
* Donald F. Johnson, MD 8807 Gull Rd. Richland, MI 49083	PD	* Joseph E. Kincaid, MD 1631 Gull Rd #102 Kalamazoo, MI 49001	IM	Richard A. Lemmer, MD 201 Bronson Medical Ctr., Kalamazoo, MI 49007	GS
Harold C. Johnson, MD 838 Elk Cam Circle Bayside Club 204 Marco Island, FL 33937	AN	Alan O. Kogan, MD 1722 Shaffer Rd. Borgess Med. Ctr. - DeLan Kalamazoo, MI 49001	P	* Ronald W. Leong, MD 304 W. Candlewyck #1439 Kalamazoo, MI 49001	IM
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* John L. Juozevicius, MD 1634 Gull Rd. Kalamazoo, MI 49001	RHU	* Dennis W. Konzen, MD 325 E. Centre St. Portage, MI 49081	FP	* Otto I. Linet, MD Upjohn Company 7000 Portage Road Kalamazoo, MI 49001	GP
* Gael G. Kabell, MD 3452 Springbrook Ave. Kalamazoo, MI 49004	IM	* Michael A. Kore, MD 8807 Gull Rd. Richland, MI 49083	PD	* James F. Lininger, MD 1521 Gull Rd Kalamazoo, MI 49001	PTH
* Michael G. Kaiser, MD 4435 Hemmingway Dr. Kalamazoo, MI 49009	AN	* Jeffrey A. Kornblum, MD 1535 Gull Rd. #010 Kalamazoo, MI 49001	NS	* Wayne F. Little, MD 5160 Angling Rd. Kalamazoo, MI 49008	FP
* Robert W. Kalinske, MD 5173 Burning Tree Kalamazoo, MI 49002	IM	* John S. Kostin, MD 1717 Shaffer St. #107 Kalamazoo, MI 49001	GS	* Patrick M. Littlejohn, MD 502 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	AN
* Azzam S. Kanaan, MD 1717 Shaffer Rd. #229 Kalamazoo, MI 49001	N	* Elaine C. Kountanis, MD 150 E. Crosstown Pkwy. Kalamazoo, MI 49001	N	W. Kaye Locklin, MD 4444 Lake Forest Dr. Kalamazoo, MI 49008	OTO
Gerald D. Karabin, MD 417 Forest Kalamazoo, MI 49001		* Naim Koymen, MD 1535 Gull Rd. #010 Kalamazoo, MI 49001	NS	* Mark E. Loehrke, MD 9897 Springwood Dr. Kalamazoo, MI 49009	IM
* John W. Kavanaugh, MD 5082 Lovers Lane Portage, MI 49002	PD	Clyde H. Kratochvil, MD 6403 Liteolier St. Portage, MI 49081	OS	* Carter O. Lomax, Jr., MD 150 E. Crosstown Pkwy. #2 Kalamazoo, MI 49001	OBG
* Thomas E. Kavanaugh, MD 1717 Shaffer Rd. #232 Kalamazoo, MI 49001	OBG	* William J. Kube, MD 4029 W. Main Kalamazoo, MI 49007	ORS	* Ray S. Lord, III, MD 1521 Gull Rd. Stryker Building Kalamazoo, MI 49001	ON
William R. Kavanaugh, MD 1808 Alamo Ave. Kalamazoo, MI 49007	GP	* Allen R. La Reau, MD 517 Pleasant Ave. Kalamazoo, MI 49008	PD	W. Carter Lowe, MD 252 E. Lovell St. Kalamazoo, MI 49007	IM
* Kenzo Kawamura, MD 1535 Gull Rd. #210 Kalamazoo, MI 49001	IM	* Niranjan Lal, MD 1717 Shaffer Rd. #018 Kalamazoo, MI 49001	IM	James W. Loynd, II, MD 1901 Parkview Ave. Kalamazoo, MI 49008	JOBG
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* Kevin J. Kelly, MD 6600 S. Westnedge Kalamazoo, MI 49002	IM	* Scott D. Larson, MD 1531 Academy Kalamazoo, MI 49007	EM	* Mark A. Lucas, MD 350 Bronson Medical Ctr. 252 E Lovell Kalamazoo, MI 49007	U
* Ihsan Kent, MD 1717 Shaffer #105 Kalamazoo, MI 49001	OBG	* Andrew W. Latham, MD 2215 Crane Ave. Kalamazoo, MI 49001	EM		

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* Terrence I. Marcelle, MD 6565 W. Main St. Kalamazoo, MI 49009	OBG	* Michael J. Miller, MD 4530 Romance Rd. Portage, MI 49002	RO	Ervin Novak, MD 1604 Holiday Lane Kalamazoo, MI 49001	D
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* James L. Mc Donald, MD 1803 Whites Rd. #1 Kalamazoo, MI 49008	A	* Terry L. Nelson, MD 150 E. Crosstown Pkwy. Kalamazoo, MI 49001	ORS	* Hi Sung Park, MD 1521 Gull Rd Kalamazoo, MI 49001	NEP
* Alan L. Mc Fadden, MD 3843 Baseline Rd. Bloomingtondale, MI 49026	AN	* Peter A. Newhouse, MD 325 E. Centre Portage, MI 49081	FP	* Larry K. Parker, MD 4128 W. Centre Ave. #305 Portage, MI 49002-4638	OBG
William E. McNally, MD 6757 Sw 13th St. Okeechobee, FL 34974	PTH	* Frank J. Newman, MD 125 W. Walnut Kalamazoo, MI 49007	PS	* Sunil Pasricha, MD 1535 Gull Rd. #150 Kalamazoo, MI 49001	GE
* Eugene D. Means, MD Upjohn Co. 7217-258-3 Kalamazoo, MI 49001	N	* C. T. Nicholas, MD 4029 W. Main St. Kalamazoo, MI 49007	ORS	* Khushal D. Patil, MD 1701 Gull Rd. Kalamazoo, MI 49001	CDS
* James W. Melliush, MD 1052 Gull Rd. Kalamazoo, MI 49001	OPH	Robert M. Nicholson, MD 2404 Highpointe Dr. Kalamazoo, MI 49008	PD	* Charles O. Peake, MD 2914 Callender Court Kalamazoo, MI 49008	OBG
* Constance A. Mernagh, MD 325 E. Centre Ave. Portage, MI 49081	FP				

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* Stephen L. Peck, MD 1535 Gull Rd. #205 Kalamazoo, MI 49001	CD	* Mohammad A. Rahman, MD 1701 Gull Rd. Kalamazoo, MI 49001	GS	* Gary E. Ruoff, MD 6565 W. Main St. Kalamazoo, MI 49009	FP
J W. Peelen, MD 7850 Beneva Rd., So. Sarasota, FL 34238	OBG	* William H. Raino, MD 575 W. Crosstown Pkwy. Kalamazoo, MI 49001	N	* Loren L. Russcher, MD 1324 S. Park St. Kalamazoo, MI 49001	IM
* Dale C. Peerbolte, MD 7171 Portage Rd. Upjohn Company Kalamazoo, MI 49001	OM	* Usha Rama, MD 150 E. Crosstown Pky. #23 Kalamazoo, MI 49001	OBG	* Thomas G. Ryan, MD 403 Bronson Medical Ctr., 252 E. Lovell Kalamazoo, MI 49007	ORS
* Michael J. Peikert, MD 2517 Bronson Blvd. Kalamazoo, MI 49008	EM	* Hernando Ramos, MD 1717 Shaffer St. #123 Kalamazoo, MI 49001	PS	* Solomon K. Samuels, MD 1631 Gull Rd. #205 Kalamazoo, MI 49001	GS
* Diane L. Peirce, MD 1535 Gull Rd. #230 Kalamazoo, MI 49001	IM	Harold R. Reames, MD 1065 W. Milham Rd. Kalamazoo, MI 49002	PD	* Franklin W. Sassaman, MD 1127 South Park St. Kalamazoo, MI 49001	OPH
* Jeffrey T. Perrapato, MD 1535 Gull Road Kalamazoo, MI 49001	CDS	* T. J. Reigel, Jr., MD 300 Turwill Lane Kalamazoo, MI 49006	PD	* Donald S. Schaefer, MD 252 E. Lovell #2220 Kalamazoo, MI 49007	OBG
* Benjamin A. Perry, MD 252 E. Lovell #506 Kalamazoo, MI 49007	IM	* F. T. Reinick, MD 1717 Shaffer Rd. #124 Kalamazoo, MI 49001	ORS	* Lawrence W. Schappa, MD 1717 Shaffer #232 Kalamazoo, MI 49001	OBG
* Antonio W. Peschiera, MD 150 E. Crosstown Pkwy. #2 Kalamazoo, MI 49001	PD	* Robert E. Rensch, MD 502 Bronson Med. Ctr., W. 252 E. Lovell Kalamazoo, MI 49007	AN	* Mark D. Schauer, MD 252 E. Lovell #355 Kalamazoo, MI 49007	IM
Tuan D. Phan, MD 4118 Gray St. Portage, MI 49002	FP	* S. R. Richardson, MD 2868 West E Ave. Kalamazoo, MI 49007	OM	Flora E. Scherer, MD 1654 Quail Hollow Ct. McLean, VA 22101	P
* David C. Phillips, MD 1104 Edgemoor Kalamazoo, MI 49008	EM	* William A. Rimmke, MD 252 E Lovell Kalamazoo, MI 49007	PD	* John E. Schoell, MD 358 Bronson Med Center 252 E Lovell Kalamazoo, MI 49007	IM
* Eric H. Phillips, MD Upjohn Co. Unit 9144 7000 Portage Road Kalamazoo, MI 49001	GPM	0003836469	PD	James W. Scholl, MD 3736 Woodbridge Lane Portage, MI 49081	ORS
Raymond A. Pinkham, MD 4014 Lakeside Dr. Kalamazoo, MI 49008	OPH	Millard S. Roberts, MD 11480 Indian Lake Dr., E. Vicksburg, MI 49097	GS	Roger A. Scholten, MD 1700 Bronson Way #359 Kalamazoo, MI 49009	GS
* Ilydio Polachini, MD 1717 Shaffer Rd. #229 Kalamazoo, MI 49001	N	* Walter A. Robison, MD 3125 W. Main St. Kalamazoo, MI 49007	GP	* Paul E. Schreiber, MD 1717 Shaffer Ave. #108 Kalamazoo, MI 49001	GS
* Emery C. Polasek, MD 7145 Arbor Valley Ave. Kalamazoo, MI 49009	FP	* Hugo K. Roesler, MD 1141 S. Rose St. Kalamazoo, MI 49001	OTO	Richard S. Schrieber, PHD 471 W. South St. #502 Kalamazoo, MI 49007	
* Steven M. Pollens, MD 1606 S. Burdick Kalamazoo, MI 49001	FP	Geoffrey A. Rogers, MD 237 Summerset Dr. Kalamazoo, MI 49081	IM	* David J. Schriemer, MD 126 N. Kalamazoo Vicksburg, MI 49097	FP
* Gerald W. Powley, MD 1706 Meadowbrook Lane Kalamazoo, MI 49008	PD	Rodney J. Rogers, MD 415 S. Kalamazoo Vicksburg, MI 49097	GP	* Paula A. Schriemer, MD 502 Bronson Medical Cente 252 E. Lovell Kalamazoo, MI 49007	AN
* Richard A. Proos, MD 2015 Aberdeen Drive Kalamazoo, MI 49008	IM	* Robert A. Roschmann, MD 1634 Gull Rd. #201 Kalamazoo, MI 49001	RHU	* Almon L. Schut, MD 255 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	OPH
* Gerald D. Purdy, MD 252 E. Lovell St. Kalamazoo, MI 49007	NPM	* Stephen C. Ross, MD 1634 Gull Rd. #101 Kalamazoo, MI 49001	IM	Paul C. Schwallie, MD 483 Sunrise Circle Kalamazoo, MI 49008	
* William K. Purdy, MD 300 Turwill Lane Kalamazoo, MI 49006	PD	* August R. Roty, MD 820 John St. #201 Kalamazoo, MI 49001	GS	* William H. Scott, MD 252 E. Lovell Kalamazoo, MI 49007	PD
* John F. Quertermus, MD 2065 Bronson Med. Ctr. 252 E. Lovell Kalamazoo, MI 49007	IM	* Dale E. Rowe, MD 4029 W. Main St. Kalamazoo, MI 49007	ORS	* Samuel M. Sefton, MD 5224 Stonehenge Kalamazoo, MI 49008	PD

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Kalamazoo (102)

* Charles L. Shabino, MD 1625 Timberlane Dr. Kalamazoo, MI 49008	PD	Robert B. Stewart, MD 3508 Runnymede Dr. Kalamazoo, MI 49007	AN	* William M. Uggen, MD 403 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	ORS
* Joan K. Sharda, MD 252 E. Lovell St. Kalamazoo, MI 49007	NPH	* Lawrence D. Stieglitz, MD 218 W. Inkster Kalamazoo, MI 49001	P	* Lawrence A. Ulmer, DO 325 E Centre St Portage, MI 49081	FP
* Angelita Q. Sheridan, MD Upjohn Co. Unit 7223 Bldg 7000 Portage Road Kalamazoo, MI 49007	PUD	* Alan G. Stoddard, MD 7576 Thrasher Lane Kalamazoo, MI 49002	AN	* Lee C. Underwood, MD 1535 Gull Rd. #005 Kalamazoo, MI 49001	U
* Garth Shultz, MD 820 John St. #104 Kalamazoo, MI 49001	IM	* Phillip B. Stott, MD 1521 Gull Rd. Kalamazoo, MI 49001	ON	Everett G. Upjohn, MD 4040 Greenleaf Circle #30 Kalamazoo, MI 49008	OS
* Eugene J. Simoni, MD 1535 Gull Rd. #110 Kalamazoo, MI 49001	GS	* Robert D. Strung, MD 900 Peeler Kalamazoo, MI 49008	P	Gerald G. Van Arendonk, M 1511 Meadowbrook Dr. Kalamazoo, MI 49008	FP
* Robert Sinanian, MD 7810 Wendy Drive Portage, MI 49002	GP	Samuel S. Stubbs, MD 7205 Lakeridge Kalamazoo, MI 49009	PD	* Thomas H. Van Doren, MD 1717 Shaffer #014 Kalamazoo, MI 49001	P
K R. Slatmyer, Jr., MD 374 Mac Arthur Ave. Mattawan, MI 49071	AN	Ernesto L. Suarez, MD 39 Willow Glen Atlanta, GA 30342	CDS	* Peter G. Van Oosten, MD 150 E. Crosstown Pkwy. #2 Kalamazoo, MI 49001	OBG
* Eric J. Slosberg, MD 1517 S. Park St. Kalamazoo, MI 49001	PD	* Mike H. Summerer, MD 252 E. Lovell #506 Kalamazoo, MI 49007	CD	* Paul L. Vandenbrink, MD 350 Bronson Med. Ctr. Kalamazoo, MI 49007	U
* James R. Smith, MD 4415 Woodhaven Kalamazoo, MI 49008	ORS	Raymond O. Swann, MD 13014 Hunters Breeze San Antonio, TX 78230	OBG	* James T. Vanderlugt, MD 2152 Walker Trail Kalamazoo, MI 49009	IM
* Roger J. Smith, MD 4016 W. Main Kalamazoo, MI 49007	OS	Leslie S. Szeles, MD 1141 S. Rose St. Kalamazoo, MI 49001	OTO	* Ronald L. VanderLugt, MD 1717 Shaffer Rd. #207 Kalamazoo, MI 49001	OPH
* Thomas C. Smith, MD 102 Brookwood Dr. Tryon, NC 28782	PA	* James D. Taborn, MD 1631 Gull Rd. #105 Kalamazoo, MI 49001	IM	* Kenneth VanderVelde, Jr., 219 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	GS
* Marijo Snyder, MD 820 John St. #102 Kalamazoo, MI 49001	OBG	* David F. Tague, MD 524 S. Park St. Kalamazoo, MI 49007	DR	Alan B. Varley, MD 738 E. Gull Lake Dr. Augusta, MI 49012	PA
* Joseph T. Sobota, MD 2312 Glenwood Dr. Kalamazoo, MI 49008	CLP	* Edmund C. Talanda, MD 3125 W. Main St. Kalamazoo, MI 49007	FP	* Mark A. Veenstra, MD 1717 Shaffer Rd. #124 Kalamazoo, MI 49001	ORS
* Steven P. Soper, MD 1521 Gull Rd. Kalamazoo, MI 49001	PTH	* Irimina Targowski, MD 7682 Farmington Kalamazoo, MI 49002	FP	* Radhakrishna Vemuri, MD 1521 Gull Rd. Stryker Bld Kalamazoo, MI 49001	IM
* Roland R. Springgate, MD 1634 Gull Rd. Kalamazoo, MI 49001	RHU	* Gary J. Theisen, MD 502 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	AN	* William J. Venema, MD 517 Pleasant Ave. Kalamazoo, MI 49001	PD
* Richard A. Stark, MD 8379 Phoebe Drive Kalamazoo, MI 49002	AN	* W. Mark Todd, MD 2918 Brandywine Rd. Kalamazoo, MI 49008	N	Martin D. Verhage, MD 1748 Greenlawn Kalamazoo, MI 49007	GP
* Wilfred B. Stauffer, MD 517 Pleasant Ave. Kalamazoo, MI 49008	PD	* Sanford F. Tolchin, MD 1521 Gull Rd. Kalamazoo, MI 49001	IM	* Bryan D. Visser, MD 150 E. Crosstown Pkwy. #1 Kalamazoo, MI 49001	PM
Frank M. Steele, MD 1006 Cohasset Lane Kalamazoo, MI 49008	IM	* Luis H. Toledo-Pereyra, M 1521 Gull Rd. Kalamazoo, MI 49001	GS	* James L. Voigt, MD 2597 Sprinkle Rd. Kalamazoo, MI 490014683	FP
* Marijo Steenstra, MD 13324 No. Boulevard Vicksburg, MI 49097	OBG	* Richard M. Tooker, MD 201 W. Kalamazoo Ave. Kalamazoo, MI 49007	FP	* Richard K. Von Maur, MD 325 E. Centre St. Portage, MI 49081	IM
* Paul H. Stevenson, MD 502 Bronson Medical Ctr. 252 E. Lovell Kalamazoo, MI 49007	AN	* Richard S. Traul, MD 502 Bronson Medical Cente 252 E. Lovell Kalamazoo, MI 49007	AN	* Carol J. Voytas, MD 6565 W. Main St. Kalamazoo, MI 49009	FP
* Daniel E. Stewart, MD 1717 Shaffer Ave. #108 Kalamazoo, MI 49001	GS	* John R. Trittshuh, MD 255 Bronson Med. Ctr. 252 E. Lovell Kalamazoo, MI 49007	OPH	Lisa Wagner-Rogers, MD 237 Summerset Dr. Kalamazoo, MI 49007	EM

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* William J. Walter, MD 1521 Gull Road Kalamazoo, MI 49001	PTH	* Douglas J. Wunderly, MD 1535 Gull Rd. #105 Kalamazoo, MI 49001	IM	* James A. Applegate, MD 2660 44th St., SW Wyoming, MI 49509	FP
* Larry R. Walton, MD 160 Bronson Med. Ctr. Wes 252 E. Lovell Kalamazoo, MI 49007	HS	William G. Yang, MD 5843 Forest Harbor Dr. Kalamazoo, MI 49004	OBG	* Richard J. Ashack, MD 426 Michigan Ave., NE Grand Rapids, MI 49503	D
* Paul W. Wang, MD 417 Forest St. Kalamazoo, MI 49001	D	* Edward L. Yapple, MD 1141 S. Rose St. Kalamazoo, MI 49001	ORS	* Taisser Atrak, MD 2078 Wyndham Hill Dr., #3 Grand Rapids, MI 49505	NPM
* Geoffrey A. Wardwell, MD 524 S. Park St. Kalamazoo, MI 49007	R	* Steven J. Young, MD 900 Peeler St. C Kalamazoo, MI 49008	P	Noyes L. Avery, MD 2747 Bonnell, SE Grand Rapids, MI 49506	IM
* Michael A. Warlick, MD 1535 Gull Rd. #130 Kalamazoo, MI 49001	PUD	* Ronald J. Zegerius, MD 252 E. Lovell #506 Kalamazoo, MI 49007	IM	* George E. Bacon, MD 100 Michigan, NE #41 Grand Rapids, MI 49503	PD
Robert D. Warnke, MD 25844 N. Bolero Bend Dr. Rio Verde, AZ 85255	IM	* Charles L. Zeller, MD 1818 Greenbriar Drive Kalamazoo, MI 49008	EM	* James E. Bakeman, MD 251 Michigan St., NE #200 Grand Rapids, MI 49503	ORS
* Laurence G. Weber, MD 6565 W. Main St. Kalamazoo, MI 49009	FP	Kent (106)			AN
* Fred L. Wedeking, MD 1034 Crown St. Kalamazoo, MI 49007	EM	Margaret H. Zolen, MD 1547 West V. W. Ave. Schoolcraft, MI 49087	GP	* Robert J. Baker, MD 300 68th St., SE Grand Rapids, MI 49548 106 IM	P
* Jacob M. Weintraub, MD 1312 Oakland Dr Kalamazoo, MI 49008	PD	* Chaitanya N. Acharya, MD 1035 Spaulding, SE Grand Rapids, MI 49546	PUD	* Steven R. Baker, MD 933 Three Mile Rd., NW #1 Grand Rapids, MI 49504 106 PD	IM
* Irving R. Weiss, MD 1324 S. Park St. #3 Kalamazoo, MI 49001	IM	* Ram Advani, MD 1840 Wealthy St., SE Grand Rapids, MI 49506	PTH	* Durward J. Bakker, MD 1033 W. Fulton Grand Rapids, MI 49504	PD
* Janice L. Werbinski, MD 10077 Woodlawn Portage, MI 49081	OBG	* Kirk J. Agerson, MD 2849 Michigan St., NE Grand Rapids, MI 49506	FP	Gordon W. Balyeat, MD 150 Morningside Dr., SE Grand Rapids, MI 49506	IM
Richard L. Westerman, MD 1603 Evanston Kalamazoo, MI 49008	FP	* Dirk H. Alander, MD 1801 Breton, SE Grand Rapids, MI 49503	ORS	* Stephen D. Barbour, MD 8355 Baileau Oaks, Ne Ada, MI 49301	PD
* William F. Weston, MD 417 Forest St. Kalamazoo, MI 49001	D	George D. Albers, MD 3706 Charlevoix Dr., SE Grand Rapids, MI 49546	OTO	* Rex V. Barnes, MD 200 Jefferson Ave., SE Grand Rapids, MI 49503	IM
* George C. Whitaker, MD 1535 Gull Rd. #120 Kalamazoo, MI 49001	OPH	Charles W. Aldridge, MD 2170 Ter-Van Ct., NE Grand Rapids, MI 49505	OBG	* Graham M. Barnett, MD 21 Michigan, Ne #735 Grand Rapids, MI 49503	U
* Thomas C. White, MD 150 E. Crosstown Pkwy. #2 Kalamazoo, MI 49001	OBG	* Denis R. Alix, MD 245 Cherry St., SE #102 Grand Rapids, MI 49503	GS	Gerald F. Barofsky, MD 4025 32nd Ave. Ct., NW Gig Harbor, W A98335	GP
* Sandra D. Wiederhold, MD 1517 S. Park St. Kalamazoo, MI 49001	PD	* Jerry W. Anderson, MD 245 State St., SE #105 Grand Rapids, MI 49503	HEM	* David J. Barrett, MD 2855 Michigan St., NE Lower Level Grand Rapids, MI 49506	OPH
* Shirani Wijay, MD 5829 S. Westnedge Portage, MI 49002	IM	* Lisa A. Andersson-Zetye, 3440 Eastridge Ct. Grand Rapids, MI 49546	OBG	* Casey R. Bartman, MD 751 Kenmoor, SE Grand Rapids, MI 49546	ORS
* Thomas G. Willmeng, MD 1717 Shaffer Rd. #124 Kalamazoo, MI 49001	ORS	Harvey M. Andre, MD 7000 Ada Dr., SE Grand Rapids, MI 49546	ORS	* Philip J. Baty, MD 200 Jefferson, SE Grand Rapids, MI 49503	FP
* B. David Wilson, MD 5943 Stadium Dr. Kalamazoo, MI 49009	A	* Alice F. Andrews, MD 1840 Wealthy St., Se Grand Rapids, MI 49506	PD	* Daniel L. Bauer, MD 153 Lafayette, SE Grand Rapids, MI 49503	U
Doyle E. Wilson, MD 5124 Midfield Dr. Kalamazoo, MI 49001	IM	* Charles A. Andrews, MD 4600 Breton, SE #102 Kentwood, MI 49508	IM	* David D. Baumgartner, MD 240 Cherry St., SE Grand Rapids, MI 49503	IM
* William H. Woodhams, MD 6565 W. Main St. Kalamazoo, MI 49009 0003750400	FP	* Peter B. App, MD 1330 Plainfield Ave., NE Grand Rapids, MI 49505	FP	* Howard A. Beadner, MD 21 Michigan St., NE Grand Rapids, MI 49503	D
Jack F. Wu, MD 5801 W. Cretridge Rd. #b3 Rancho Palos, CA 90274	PUD	* Mary Appelt, MD 426 Plymouth Ave., NE Grand Rapids, MI 49505	AN		

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* Debra K. Beard, MD 1900 Wealthy St. #150 Grand Rapids, MI 49506	IM	* Mark R. Boelkins, MD 200 Jefferson, Se Grand Rapids, MI 49503	IM	* Benjamin J. Bruinsma, MD 350 Lafayette, SE #301 Grand Rapids, MI 49503	PM
* Donald E. Beaudoin, MD 1810 Wealthy St., SE Grand Rapids, MI 49506	AN	* Walter J. Boerman, MD 933 Three Mile, NW Grand Rapids, MI 49504	FP	* Scott R. Brundage, MD 426 Michigan St., NE Grand Rapids, MI 49503	PS
* Edgar J. Beaumont, MD 100 Michigan, NE Grand Rapids, MI 49503	NPM	* Elizabeth A. Boessenkool, 950 36th St., SW Wyoming, MI 49509	FP	* Charles D. Bukrey, MD 251 Michigan, NE Grand Rapids, MI 49503	ORS
* Theo D. Beels, MD 4600 Breton Rd., SE #102 Grand Rapids, MI 49508	IM	* Edward Bok, MD 1300 Michigan, NE Grand Rapids, MI 49503	DR	* Bryan D. Buller, MD 940 Rosewood, SE Grand Rapids, MI 49506	EM
* John H. Beernink, MD 220 Lyon, NW #700 Grand Rapids, MI 49503	PS	* Bruce W. Bonnell, MD 2540 Oak Ridge Trail, NE Grand Rapids, MI 49505	GS	* Robert G. Bulten, MD 733 Alger, SE Grand Rapids, MI 49507	PD
Charles M. Bell, MD 1042 Cambridge Dr., SE Grand Rapids, MI 49506	OBG	* Marvin Bonzelaar, MD 1343 Bent Tree Dr. Hudsonville, MI 49426	IM	F. M. Burroughs, Jr., MD 233 Woodland Dr. Forest, MS 39074	GP
* Bradley P. Bengtson, MD 220 Lyon, NW #700 Grand Rapids, MI 49503	PS	* Daniel K. Borreson, MD 245 Cherry St., SE #102 Grand Rapids, MI 49503	GS	* Lowell R. Bursch, MD 412 Plymouth Ave., NE Grand Rapids, MI 49505	GS
* Michael L. Bennett, MD 771 Kenmoor, SE Grand Rapids, MI 49546	OBG	* James R. Borst, MD 844 S. Washington Holland, MI 49423	ON	* M. C. Burton, MD 515 Lakeside Dr., SE #201 Grand Rapids, MI 49506	OBG
* Richard H. Benninger, MD 426 Michigan St., Ne #101 Grand Rapids, MI 49503	OPH	Jan K. Bosch, MD 3852 52nd St., SW Grandville, MI 49418	GS	* Robert D. Burton, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	OTO
* Richard A. Bereza, MD 1300 Michigan St., NE #20 Grand Rapids, MI 49503	ORS	* William G. Bouman, MD 200 Jefferson Ave., SE Grand Rapids, MI 49503	IM	* John F. Butzer, MD 235 Wealthy St., Se Grand Rapids, MI 49503	N
* Steven H. Berger, MD 4500 Cascade Rd., SE #201 Grand Rapids, MI 49546	P	David C. Boyce, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	OPH	* James V. Buzzitta, MD 1300 Michigan St., NE Grand Rapids, MI 49503	IM
* Gerald Berlin, DO 1745 Pontiac Rd., SE E. Grand Rapids, MI 49506	AN	Fred C. Brace, MD 2311 Academy Dr., NE Grand Rapids, MI 49503	FP	Mary Lou Byrd, MD 700 Kent Hills Rd., NE Grand Rapids, MI 49505	AN
* Scott Berman, MD 731 Kenmoor, SE Grand Rapids, MI 49506	DR	* Paul E. Brame, MD 8194 Byron Center Rd. Byron Family Medicine, P. Byron Center, MI 49315	FP	* Robert F. Cali, MD 21 Michigan St., NE #550 Grand Rapids, MI 49503	CDS
* Dennis C. Besley, MD 1300 Michigan St., NE Grand Rapids, MI 49503	IM	* Carl P. Brandt, MD 2120 43rd St., SE #100 Grand Rapids, MI 49508	OBG	* Frank C. Campbell, MD 833 Lake Drive, SE Grand Rapids, MI 49506	R
Mareus J. Beukema, MD 13240 Beckwith Lowell, MI 49331		Harvey J. Bratt, MD 3041 Grenada, SE Grand Rapids, MI 49546	GS	* John N. Campbell, MD 2002 44th St., SE Grand Rapids, MI 49508	IM
* William H. Beute, MD 1532 Pontiac Rd., SE Grand Rapids, MI 49506	CHP	* Walter M. Braunohler, MD 1000 E. Paris, SE 3118 Grand Rapids, MI 49546	ORS	* Mark Campbell, MD 4251 Cascade Rd., SE Grand Rapids, MI 49546	ON
* Marcus G. Beversluis, MD 2727 DeHoop Ave., SW Grand Rapids, MI 49509	IM	G. Edward Braunschneider, 933 Three Mile Rd., NW Grand Rapids, MI 49504	FP	* Manuel M. Campos, MD 9729 Conservation Rd. Lowell, MI 49331	CRS
* Benjamin H. Birkbeck, MD 1000 E. Paris, SE #204 Grand Rapids, MI 49546	PS	J. Russell Brink, MD 424 Pine Ave. Albany, GA 31701-2535	IM	* John P. Cantor, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	IM
* Louis B. Bixler, MD 200 Jefferson, SE Grand Rapids, MI 49503	R	* Thomas W. Brink, MD 426 Michigan Ave., NE Grand Rapids, MI 49503	IM	* Jack N. Carr, MD 1055 Medical Park Dr., SE Grand Rapids, MI 49546	P
* David E. Blair, MD 150 Jefferson Grand Rapids, MI 49503	FP	* Bruce B. Brintnall, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	IM	* Reynaldo G. Castillo, MD 3310 Ealge Park Dr., NE # Grand Rapids, MI 49505	NS
Ralph Blocksma, MD 1003 Thornapple River Dr. Grand Rapids, MI 49546	PS	* Nancy J. Brooke, MD 326 E. Fulton Grand Rapids, MI 49503	AI	William Cayce, MD 640 Kent Hills Rd., NE Grand Rapids, MI 49505	IM
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Kent (106)

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Donald Chandler, MD 2211 Valleywood, SE Grand Rapids, MI 49546	GP	* Norman E. Coon, MD 2740 28th St., SW Grand Rapids, MI 49509	CLP	Thomas B. Davis, MD 636 Manhattan Rd., SE Grand Rapids, MI 49506	AN
* Kathleen E. Chase, MD 13400 Beckwith Dr., NE Lowell, MI 49331	AN	* Wayne M. Couwenhoven, MD 1035 Spaulding, SE Grand Rapids, MI 49546	IM	* Cheryl Davison, MD 100 Michigan, NE Grand Rapids, MI 49503	ON
R. Jack Chase, MD 3100 Uplands Dr., SE Grand Rapids, MI 49506	IM	* Jon P. Cowan, MD 1810 Wealthy St., SE Grand Rapids, MI 49506	AN	* Carmel L. Davy, MD 100 Michigan Ave., NE Grand Rapids, MI 49503	PTH
Mey-En Chen, MD 6301 Greenway Dr., SE Grand Rapids, MI 49546	R	* Edward O. Cox, MD 426 Michigan St., NE Grand Rapids, MI 49503	PD	* James A. De Haan, MD 1300 Michigan, NE #101 Grand Rapids, MI 49503	R
* Randall M. Christenson, M 300 68th St., SE Grand Rapids, MI 49548	P	* Jean A. Craig, MD 4829 E. Beltline, NE Grand Rapids, MI 49505	OBG	* Lewis L. De Kryger, MD 251 Michigan, NE Grand Rapids, MI 49503	GS
* Wayne A. Christenson, MD 3265 Walker Ave., NW #C Grand Rapids, MI 49504	P	* Keith H. Crane, MD 833 Lake Dr., SE Grand Rapids, MI 49506	IM	* H. J. De Maagd, MD 623 Sligh Blvd., N.E. Grand Rapids, MI 49505	EM
Erwin G. Clahassey, MD 1425 Michigan Ave., NE Grand Rapids, MI 49503	OPH	* Steven A. Crane, MD 240 Cherry St., SE Grand Rapids, MI 49503	IM	* Robert L. De Maagd, MD 750 E. Beltline, NE Grand Rapids, MI 49506	ORS
Carroll K. Clawson, MD 2452 Oakwood Dr., SE Grand Rapids, MI 49506	IM	* Michael J. Crawford, MD 415 College Ave., NE Grand Rapids, MI 49503	GP	Leon De Vel, MD 31 Benedict Place Pelham, NY 10803	PH
* Richard K. Clise, MD 1514 Wealthy St., SE Grand Rapids, MI 49503	FP	John A. Cremer, MD 2121 Raybrook, SE #312 Grand Rapids, MI 49546	GS	* Daniel A. De Vries, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	GS
* R. Paul Clodfelder, MD 1300 Michigan, NE #103 Grand Rapids, MI 49503	IM	* Richard K. Crissman, MD 585 36th St., S W Grand Rapids, MI 49509	GS	* Jack A. Dekkinga, MD 515 Michigan #200 Grand Rapids, MI 49503	D
* M. Gerard Cloherty, MD 100 Michigan, NE Grand Rapids, MI 49503	PTH	* William C. Cunningham, DO 1919 Boston, SE Grand Rapids, MI 49506	EM	* James W. Delavan, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	TS
* Stephen D. Cohle, MD Blodgett Memorial Med. Ct 1840 Wealthy St S.E. Grand Rapids, MI 49506	PTH	* Douglas B. Daining, MD 733 Alger St., SE Grand Rapids, MI 49507 0002439515	PD	Theodore R. Deur, MD 12884 Mason Drive Grant, MI 49327	IM
* Neil C. Colegrove, MD 4340 Callander, SE Grand Rapids, MI 49508	FP	* Stephen C. Dalm, DO 1815 Breton Rd., SE Grand Rapids, MI 49506	OBG	* Kenneth M. DeGraaf, MD 21 Michigan Ave., NE #370 Grand Rapids, MI 49503	EM
James U. Collins, MD 3458 Eagle Ridge Ct., NE Grand Rapids, MI 49505	AN	* Douglas C. Daly, MD 1900 Wealthy St., SE #330 Grand Rapids, MI 49506	OBG	* Mark R. DeHaan, MD 245 Cherry St., SE Grand Rapids, MI 49503	PS
* John J. Collins, Jr., MD 34605 Twelve Mile Rd. Farmington Hills, MI 48331	FP	* William C. Daney, MD 200 Jefferson, SE Grand Rapids, MI 49503	EM	* Michael J. DeJong 1426 Johnston, SE Grand Rapids, MI 49507	
* Kathy L. Collins-Williams 2448 Rimrock Ct., NE Grand Rapids, MI 49505	OBG	* Joseph Daniels, MD 300 68th St., SE Grand Rapids, MI 49548	P	* Matthew B. DeWys, DO 1840 Wealthy St., SE #375 Grand Rapids, MI 49506	IM
* John C. Colwill, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	ORS	* Alison S. Dark, MD 1000 E. Paris Ave., SE #2 Grand Rapids, MI 49546	IM	* Willis L. Dixon, MD 1330 Plainfield, NE Grand Rapids, MI 49505	IM
* Donald P. Condit, MD 1900 Wealthy St., SE #290 Grand Rapids, MI 49506	ORS	Paul M. Dassel, MD 5640 S. Marathon Terr. Inverness, FL 32652	R	* David J. Dobbie, MD 240 Cherry St., SE Grand Rapids, MI 49503	IM
* Michelle M. Condon, MD 1129 Idema SE East Grand Rapids, MI 49506	IM	* Andrew Daugavietis, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	RHU	Luebert Docter, MD 1838 Observatory, SE Grand Rapids, MI 49546	OPH
* Robert H. Connors, MD 21 Michigan, NE #710 Grand Rapids, MI 49503	PDS	* Robert C. Davidson, MD 1900 Wealthy St, SE #150 Grand Rapids, MI 49506	IM	* Fred A. Doornbos, MD 21 Michigan, NE Grand Rapids, MI 49503	GS
* Robin D. Cook, MD 2351 Plainfield, NE Grand Rapids, MI 49505	EM	* Fred N. Davis, MD 2424 Burton, SE #103 Grand Rapids, MI 49546	AN	* Gursharn S. Dosanjh, MD P.O. Box 907 Grandville, MI 49468	IM

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* Bruce D. Dragoo, MD 1000 E. Paris S.E., #225 Grand Rapids, MI 49546	OPH	Herman C. Eldersveld, MD 2237 E. Shiawassee, SE Grand Rapids, MI 49506	OBG	* Kevin E. Fitzgerald, MD 153 Lafayette Ave., SE Grand Rapids, MI 49506	AN
* Patrick J. Droste, MD 5268 E. Woodmeade Ct. Grand Rapids, MI 49546	OPH	* Douglas M. Ellinger, MD 208 N. First St. Ann Arbor, MI 48104	IM	* W. Rodney Flanary, MD 1300 Michigan St., NE Grand Rapids, MI 49503	IM
* Daniel R. Drumm, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	IM	* John P. Engels, MD 7585 Conservation, NE Ada, MI 49301	R	* James E. Flood, MD 2849 Michigan St., NE Grand Rapids, MI 49506	FP
* Kenneth E. Dudley, MD 22 White Hills, NE Grand Rapids, MI 49506	FP	* Winifred A. Eshragh, MD 3000 Monroe, NW Grand Rapids, MI 49505	FP	* Michael S. Florentine, MD 833 Lake Drive., SE Grand Rapids, MI 49506	PD
Wallace B. Duffin, MD 3351 Claystone, SE Grand Rapids, MI 49546	ORS	* Gwenyth Evenhouse, MD 2109 Omena, SE Grand Rapids, MI 49506	OBG	Thomas W. Fochtman, MD 256 Rolling Greene Dr., N Grand Rapids, MI 49504	GP
* Albert R. Dugan, MD 515 Lakeside Dr., S.E. Grand Rapids, MI 49506	IM	* Wilma Y. Ewald, MD 1840 Wealthy St., SE Grand Rapids, MI 49506	TR	* William J. Foley, III, MD 1000 East Paris, S. E. Grand Rapids, MI 49546	IM
* David L. Dull, MD 2804 Oakwood Dr., SE Grand Rapids, MI 49506	AN	* R. Donald Eward, MD 885 Forest Hills Ave., SE Grand Rapids, MI 49546	OBG	* Gregory J. Forzley, MD 5171 Plainfield Ave., NE Grand Rapids, MI 49505	FP
* Merle L. Dykema, MD 245 State St., SE Grand Rapids, MI 49503	IM	* Tariq M. Faridi, MD 3330 Claystone, SE Grand Rapids, MI 49546	P	* Michael B. Fossel, MD 200 Jefferson, SE Grand Rapids, MI 49503	EM
* Calvin J. Dykman, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	IM	* Paul O. Farr, MD 240 Cherry St., SE Grand Rapids, MI 49503	GE	* Anthony J. Foster, MD 412 Plymouth Ave., NE Grand Rapids, MI 49505	GS
* Calvin J. Dykstra, MD 4550 Cascade Rd., SE #101 Grand Rapids, MI 49546	IM	* Paul J. Fatum, MD 426 Plymouth Ave., NE Grand Rapids, MI 49505	AN	* Richard K. Foster, MD 50 College Ave., SE #290 Grand Rapids, MI 49503	IM
Gerben Dykstra, MD 2415 Fletcher Dr., NE Grand Rapids, MI 49505	GS	* Domenic R. Federico, MD 2150 Lake Michigan Dr., N Grand Rapids, MI 49504	OBG	* Philip Fox, MD 300 68th St., SE Grand Rapids, MI 49501	P
* L. Edmond Eary, Jr., MD 221 Harper Dr. Sparta, MI 49345	FP	* Brain C. Fedeson, MD 2020 Raybrook S. E. #302 Grand Rapids, MI 49546	DR	John P. Foxworthy, MD 4318 Mill Pond Dr. Rockford, MI 49341	PD
* Kim J. Eastman, MD 260 Jefferson Ave., SE Grand Rapids, MI 49503	ORS	* Laurence H. Feenstra, MD 1300 Michigan St., NE #20 Grand Rapids, MI 49503	IM	* Jeffrey H. Frank, MD 771 Kenmoor, SE Grand Rapids, MI 49546	OBG
* J. Stephen Ebrom, MD 200 Jefferson Ave., SE Grand Rapids, MI 49503	CLP	* Richard D. Feenstra, MD 1300 Michigan St., NE #10 Grand Rapids, MI 49503	IM	* Mark A. Fredrickson, MD 2660 44th St., SW Wyoming, MI 49509	FP
* Adele M. Echandia, MD 2717 Modoc Trail, SE Grand Rapids, MI 49506	FP	* Clifton F. Ferguson, MD 1300 Michigan Ave., NE #1 Grand Rapids, MI 49503	R	* Timothy D. Fritz, MD 1300 Michigan, NE Grand Rapids, MI 49503	CD
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Curtis D. Edholm, MD 1421 Woodcliff Ave., SE Grand Rapids, MI 49506	ORS	* Enrique E. Fierens, MD 270 Lakeside Dr., SE Grand Rapids, MI 49506	IM	* James A. Fuson, MD 245 State St., SE Grand Rapids, MI 49503	GE
* John H. Edlund, MD 1300 Michigan St., SE #10 Grand Rapids, MI 49503	TR	* David M. Figg, MD 21 Michigan, NE Grand Rapids, MI 49503	GS	* Willis G. Gaffney, MD 10606 W. Carson City Rd. Greenville, MI 48838	FP
* Roger W. Edverson, MD 1900 Wealthy St., SE #330 Grand Rapids, MI 49506	OBG	* Curtis J. Finney, MD 3300 Burton, SE Grand Rapids, MI 49546	OBG	* Doreen L. Ganos, MD 14319 Greentree Riverview, MI 48192	PS
* Robert L. Eggleston, MD 4500 Cascade Rd., SE Grand Rapids, MI 49546	P	Ralph L. Fitts, MD 10501 Lagrima De Oro, NE Albuquerque, NM 87111	IM	* Jon M. Gans, MD 2851 Michigan St., NE Grand Rapids, MI 49506	IM

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* Frank W. Garber, MD 6301 Capitan Dr., SE Grand Rapids, MI 49546	OPH	* Randall W. Green, MD 260 Jefferson Ave., SE Grand Rapids, MI 49503	IM	* Daniel R. Harro, MD 4340 Callender, SE Grand Rapids, MI 49508	FP
* Mario D. Gatchalian, MD 426 Plymough Ave., SE Grand Rapids, MI 49505	AN	* Perry W. Greene, Jr., MD 847 Parchment Dr., SE Grand Rapids, MI 49546	ORS	* John G. Hartmann, MD 309 Jefferson SE Grand Rapids, MI 49503	OBG
* James A. Geissler, MD 2727 De Hoop, SW Grand Rapids, MI 49509	IM	* Martin P. Greydanus, MD 240 Cherry St., SE Grand Rapids, MI 49503	IM	* Thomas L. Haynes, MD 1514 Wealthy St., SE #292 Grand Rapids, MI 49506	FP
* Karyn E. Gell, MD 208 N. First St. Ann Arbor, MI 48104	IM	* Thomas J. Griggs, MD 1300 Michigan St., NE #10 Grand Rapids, MI 49503	R	* Lynn S. Hedeman, MD 414 Plymouth, NE Grand Rapids, MI 49505	NS
* Leonard S. Gell, MD 970 Parchment Dr., SE Grand Rapids, MI 49546	A	* Oliver D. Grin, MD 3310 Eagle Park Dr., NE # Grand Rapids, MI 49505	NS	* Keith E. Heeringa, MD 309 Jefferson Ave., SE Grand Rapids, MI 49503	ORS
* Donald G. Gerard, MD 1150 N. Hudson Lowell, MI 49331	FP	* Kenneth J. Gritter, MD 1300 Michigan, Ne #101 Grand Rapids, MI 49503	DR	* W. Gene Heeringa, MD 240 Cherry St., SE Grand Rapids, MI 49503	GE
* Larry J. Gerbens, MD 750 E. Beltline, NE Grand Rapids, MI 49546	OPH	* Mary Ann Grobbel, MD 11495 19 Mile Rd. Cedar Springs, MI 49319	PTH	* D. R. Heetderks, Jr., MD 21 Michigan St., NE Grand Rapids, MI 49503	U
Frederick S. Gillett, MD 1911 Wealthy St., SE Grand Rapids, MI 49506	GS	* James A. Gunn, MD 2020 Raybrook S. E. #302 Grand Rapids, MI 49546	R	* Donald M. Heggen, MD 1900 Wealthy St., SE #300 Grand Rapids, MI 49506	OBG
* Robert M. Gillies, MD 1300 Michigan St., NE #10 Grand Rapids, MI 49503	TR	Robert E. Gunning, MD 3646 Charlevoix Dr., SE Grand Rapids, MI 49546	U	* John C. Heiser, MD 1900 Wealthy St., SE #280 Grand Rapids, MI 49506	TS
James R. Glessner, Jr., M 5089 S. Quail Crest, SE Grand Rapids, MI 49546	ORS	* Eric K. Gustafson, MD 1313 Cranbrook Terrace, N Grand Rapids, MI 49505	FP	* Louis Helder, MD 3300 Burton, SE Grand Rapids, MI 49546	OBG
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* Frank R. Gould, MD 153 Lafayette Ave., SE Grand Rapids, MI 49503	U	* David E. Hammond, MD 1000 E. Paris, SE #214 Grand Rapids, MI 49546	D	* Stephen A. Hickner, MD 309 Jefferson, SE C/O Dr. Hartmann Grand Rapids, MI 49503	OBG
* Vicente C. Gracias, MD 445 Cherry St., SE Grand Rapids, MI 49503	NS	Arthur K. Hamp, MD 879 Cascade Hills East Dr Grand Rapids, MI 49546	IM	* Judith A. Hiemenga, MD 2580 Argus Dr., SE Grand Rapids, MI 49546	OBG
* Russell G. Graff, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	D	* Laird E. Hamstra, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	IM	Jack W. Hill, MD 71 West 84th. St. Byron Center, MI 49315	P
* Kenneth F. Grant, MD 1840 Wealthy St., SE Grand Rapids, MI 49506	PTH	* Clinton J. Harris, MD 426 Michigan Ave., Ne Grand Rapids, MI 49503	IM		

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* Sampson W. Ho, MD 350 Lafayette, SE #301 Grand Rapids, MI 49503	PM	Harry C. Hudson, MD 3486 Charlevoix Dr., SE Grand Rapids, MI 49546	GS	* Janet F. Johns, MD 840 Brookville Plaza, SE Grand Rapids, MI 49508	PD
* Charles P. Hodgkinson, MD 426 Michigan St., Ne Grand Rapids, MI 49503	OPH	* James D. Hudson, MD 4340 Callender, SE Grand Rapids, MI 49508	FP	* Gregory W. Johnson, MD 245 Cherry St., SE #101 Grand Rapids, MI 49503	GS
* Richard J. Hodgson, MD 426 Michigan St., NE #305 Grand Rapids, MI 49503	IM	James C. Humphrey, MD 3424 Ashton Rd., SE Grand Rapids, MI 49546	GS	Robert D. Johnson, MD 7050 Kitson Dr., Ne Rockford, MI 49341	END
* Ronald A. Hoekman, MD 309 Jefferson Ave., SE Grand Rapids, MI 49503	ORS	* Gary N. Humphries, MD 1900 Wealthy St., Se Grand Rapids, MI 49506	IM	* Robert F. Johnson, MD 1365 Worcester, Ne Grand Rapids, MI 49505	IM
Philip J. Hoekstra, MD 210 Lakeside Dr., NE Grand Rapids, MI 49503	NS	Marilyn R. Hunter, MD MFI (WES-HAITI) Box 15665 W. Palm Beach, FL 33416	PD	* Daniel W. Johnston, MD 2440 Beechwood, Se Grand Rapids, MI 49506	AN
* Philip T. Hoekstra, MD 21 Michigan St., NE #640 Grand Rapids, MI 49503	U	* Akhter F. Husain, MD 6896 Woodbrook Dr., S.E. Grand Rapids, MI 49546	P	William L. Johnston, MD 1047 Gladstone, SE Grand Rapids, MI 49506	GS
* Allan C. Hoekzema, MD 153 Lafayette, SE Grand Rapids, MI 49503	ORS	F. Allen Hutchinson, MD 2784 Woodlake Rd., Sw #5 Wyoming, MI 49509	GS	* Alan S. Jones, MD 100 Michigan St., NE Grand Rapids, MI 49503	PD
* David R. Hoffius, MD 4340 Callender, SE Grand Rapids, MI 49508	FP	* Robert H. Hydrick, MD 1039 Fulton St., W Grand Rapids, MI 49504	OBG	* Edward A. Jones, MD 1035 Spaulding, SE Grand Rapids, MI 49546	IM
* Ben G. Hoffman, MD 10639 Friske, Ne Rockford, MI 49341	P	* Melonie S. Ice, MD 1900 Wealthy St., SE #15 Grand Rapids, MI 49506	IM	Haven E. Jones, MD 3604 E. Fulton #234 Grand Rapids, MI 49546	ORS
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* Albertus J. Hoffis, MD 1351 Thornberry Ct., SE Grand Rapids, MI 49546	AN	* James R. Irwin, MD 21 Michigan Ave., NE #720 Grand Rapids, MI 49503	OBG	* Richard N. Joyrich, MD 1900 Wealthy St., SE #250 Grand Rapids, MI 49506	R
* Ronald M. Hofman, MD 733 Alger, Se Grand Rapids, MI 49507	PD	* Jerry L. Irwin, MD 21 Michigan, NE #450 Grand Rapids, MI 49503	U	* Andre V. Jubert, MD 240 Cherry St., SE Grand Rapids, MI 49503	GS
* John F. Hollenbach, MD 245 Cherry St., SE Grand Rapids, MI 49503	PS	* James E. Ives, MD 678 Front Ave., NW Grand Rapids, MI 49504	ORS	* Richard J. Kahnoski, MD 21 Michigan St., Ne #450 Grand Rapids, MI 49503	U
* Steven C. Holt, MD 2150 Lake Michigan Dr., N Grand Rapids, MI 49504	OBG	* Raymond J. Jaglowski, MD 8194 Byron Center Ave. Byron Family Medicine, P. Byron Center, MI 49315	FP	* Anthony M. Kam, MD 917 W. Oak Greenville, MI 48838	GS
* Harry L. Holwerda, MD 3482 Plainfield, NE Grand Rapids, MI 49505	FP	* Michael S. Jakubowski, MD 350 Lafayette, SE #301 Grand Rapids, MI 49503	PM	* Lloyd A. Kammeraad, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	OBG
* Harold J. Hommerson, MD 100 Michigan St., NE Grand Rapids, MI 49503	PTH	Fred M. Jameson, MD 5550 Forest Bend, SE Ada, MI 49301	IM	Mark G. Kanitz, MD 347 Bostwick, NE #205 Grand Rapids, MI 49503	EM
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* Richard A. Horvitz, MD 100 Michigan St Ne Grand Rapids, MI 49503	CLP	* Jane J. Jawahir, MD 3181 Prairie St., SW #101 Grandville, MI 49418-2076	OBG	* David W. Kempers, MD 245 Cherry St., SE #302 Grand Rapids, MI 49503	HS
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Miqdad A. Khan, MD 200 Jefferson, SE Grand Rapids, MI 49503	IM	* John M. Kosta, MD 1425 Michigan, Ne Grand Rapids, MI 49503	OTO	* William F. Lapenna, MD 1900 Wealthy St., Se Grand Rapids, MI 49506	IM
* Shaukat A. Khan, MD 21 Michigan St., NE Grand Rapids, MI 49503	IM	* Robert K. Kreitsch, MD 50 College Ave., SE Grand Rapids, MI 49503	PM	* Steve R. Lasater, MD 933 Three Mile Rd. #102 Walker, MI 49504	FP
Khawam, MD 100 Michigan St., NE Grand Rapids, MI 49503	PD	Henry J. Kreulen, MD 2111 Raybrook, SE #3010 Grand Rapids, MI 49546	GP	* Sandra P. Last, MD 2020 Raybrook S. E. #302 Grand Rapids, MI 49546	R
* Akiyoshi Kido, MD 4518 Wyatt St., SW Grandville, MI 49418	GS	* David A. Kreuze, MD 21 Michigan St., NE Grand Rapids, MI 49503	OBG	* Mark P. Laughlin, MD 1810 Wealthy St., SE Grand Rapids, MI 49506	AN
* Farook J. Kidwai, MD 445 Cherry St., SE Grand Rapids, MI 49503	NS	* Richard L. Kreuzer, MD 3593 Van Buren Hudsonville, MI 49426	OBG	* Armand M. LaSorsa, MD 2020 Raybrook S. E. #302 Grand Rapids, MI 49546	DR
* Ihl D. Kim, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	PD	* David M. Krhovsky, MD 2248 Shawnee Dr., SE Grand Rapids, MI 49506	AN	* Linh T. Le, MD 235 Wealthy St., SE Grand Rapids, MI 49503	ORS
* Min Young Kim, MD 515 Lakeside Dr., SE #112 Western Mich. Int. Med. A Grand Rapids, MI 49506	IM	* Frank J. Krhovsky, MD 153 Lafayette Ave., SE Grand Rapids, MI 49503	AN	* Calvin E. Leazenby, MD 1001 Medical Park Dr., SE Grand Rapids, MI 49546	OBG
* Youn S. Kim, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	TS	* Jonathan J. Krieger, MD 4340 Callander Grand Rapids, MI 49508	FP	* James W. Ledrick, MD 21 Michigan St., NE Grand Rapids, MI 49503	PD
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* Craig M. Kinney, MD 100 Michigan Ave., NE Grand Rapids, MI 49503	NPM	* Peter A. Kuhl, MD 1900 Wealthy St., Se Grand Rapids, MI 49506	IM	Joseph R. Lentini, MD 2059 Anderson Dr., SE Grand Rapids, MI 49506	FP
* Kristen A. Kitzsteiner, M 2150 E. Beltline, SE Grand Rapids, MI 49546	IM	* Andrea S. Kuldane, MD 50 College Ave., SE Grand Rapids, MI 49503	PM	* George H. Lewis, MD 5010 12th Ave., SW Grandville, MI 49418	FP
* Nancy P. Kivell, MD 426 Plymouth Ave., NE Grand Rapids, MI 49505	AN	* Gregory A. Kuldane, MD 1000 E. Paris, SE #215 Grand Rapids, MI 49546	IM	* Dorsey W. Ligon, MD 515 Michigan, Ne #302 Grand Rapids, MI 49503 0004582591	OBG
* Thomas E. Klein, MD 21 Michigan, NE #650 Grand Rapids, MI 49503	OBG	* L. E. Kurlandsky, MD 1646 Robinson Rd., SE Grand Rapids, MI 49506	PD	* William T. Lincer, MD 833 Lake Drive, Se Grand Rapids, MI 49506	R
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* Pamela R. Knysz, MD 2660 44th St., SW Wyoming, MI 49509	FP	* Sandra M. Kutschke, MD 21 Michigan St., NE #720 Grand Rapids, MI 49503	OBG	* Kenneth E. Lobbes, MD 426 Plymouth Ave., NE Grand Rapids, MI 49505	AN
* Robert P. Kobiela, MD 3550 Fairlans, SW Grandville, MI 49418	IM	* Robert A. La Fleur, MD 2730 Capilano Dr., SE Grand Rapids, MI 49546	EM	* Konstantin R. Loewig, MD 833 Lake Drive, Se Grand Rapids, MI 49506	DR
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* Gloria J. Kohut, MD 2059 Wyndham Hill Dr., NE Kentwood, MI 49505	PTH	* Dennis L. Lake, MD 4471 Cascade Rd., SE Grand Rapids, MI 49546	PD	* Deborah J. Longley, MD 1300 Michigan, NE Grand Rapids, MI 49503	IM
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* Peter C. Koptik, MD 5660 Forest Glen Dr. Ada, MI 49301	EM	* Robert J. Lamberts, MD 515 Michigan St., Ne #200 Grand Rapids, MI 49503	IM	* F. Raymer Lovell, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	GS

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* Martin A. Luchtefeld, MD 75 Sheldon Ave., SE Grand Rapids, MI 49503	GS	* Robert J. Mann, MD 426 Michigan St., NE #300 Grand Rapids, MI 49503	PS	* John R. Maurer, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	IM
* Jay A. Lugthart, MD 4419 68th St., Sw Byron Center, MI 49315	EM	* Dayle L. Maples, MD 251 Michigan, NE Grand Rapids, MI 49503	ORS	* Theodore C. Maycroft, MD 238 Bristol Ave., NW Grand Rapids, MI 49504	PTH
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* Peter B. Lundeen, MD 950 36th St., Sw Grand Rapids, MI 49509	FP	* Peter A. Marks, MD 1000 E. Paris, SE #206 Grand Rapids, MI 49546	OBG	* David J. Mazur, DO 825 Parchment, SE Grand Rapids, MI 49546	P
* Charles R. Luttenton, MD 1300 Michigan Ave., NE #1 Grand Rapids, MI 49503	DR	* Thomas S. Marks, MD 21 Michigan, NE #650 Grand Rapids, MI 49503	OBG	* Kevin D. Mc Bride, MD 1142 44th St., SE Kentwood, MI 49508	FP
* James E. Lynch, MD 7690 Candlewood, Se Ada, MI 49301	R	* Lee Marmion, MD 500 Cherry St., SE Grand Rapids, MI 49503	N	* James W. Mc Carthy, MD 4471 Cascade Rd., SE Grand Rapids, MI 49546	PD
Dugald S. Mac Intyre, MD 1317 Suncrest, NE Grand Rapids, MI 49505	GS	* Joseph B. Marogil, MD 21 Michigan St., NE Grand Rapids, MI 49503	GS	* Clifford L. Mc Donald, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	IM
* K. L. Machiorlat, MD 200 Jefferson Ave., SE Grand Rapids, MI 49503	PTH	Randy D. Marosok, MD 240 Cherry St., SE #720 Grand Rapids, MI 49503	IM	* Orval I. Mc Kay, MD 1150 N. Hudson Lowell, MI 49331	GP
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* Douglas A. Mack, MD 4723 Braeburn Dr., SE Grand Rapids, MI 49546	PH	* Robert B. Marshall, MD 1300 Michigan St., NE #10 Grand Rapids, MI 49503	R	* Richard F. Mc Namara, MD 1300 Michigan, Ne Grand Rapids, MI 49503	IM
* John M. MacKeigan, MD 75 Sheldon Ave., SE Grand Rapids, MI 49503	CRS	Richard W. Martin, MD 423 Michigan St., NE #203 Grand Rapids, MI 49503	RHU	* Raymond R. Mc Peek, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	IM
* Michael J. Madura, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	GE	Martin Martinus, MD 10209 Lakeshore Dr. West Olive, MI 49460	GS	* Thomas L. McElwee, MD 1300 Michigan St., NE Grand Rapids, MI 49503	IM
* Stuart A. Malafa, MD 8261 Squires, NE Rockford, MI 49341	EM	* Gary L. Martzke, MD Family Care - 7782 20th A Jenison, MI 49428	FP	* Dale R. Mead, MD 260 Jefferson Ave., SE Grand Rapids, MI 49503	ORS
* Thomas A. Malec, MD 260 Jefferson Ave Se Grand Rapids, MI 49503	OPH	* John A. Marvin, MD 2851 Michigan St., NE Grand Rapids, MI 49506	IM	* Marilee J. Mead, MD 245 Cherry St., SE Grand Rapids, MI 49503	HS
* Robert G. Mallen, MD 1300 Michigan St., NE Grand Rapids, MI 49503	IM	* John D. Maskill, MD 3482 Plainfield Ave., NE Grand Rapids, MI 49505	GP	Richard H. Meade, MD 3962 Whispering Way, SE Fountain View Retirement Grand Rapids, MI 49546	TS
* Mark D. Malnor, MD 801 Cambridge Dr., SE Grand Rapids, MI 49506	DR	* Christine T. Mason, MD 50 College Ave., Se Grand Rapids, MI 49503	FP	Gayle H. Mehney, MD 245 State St., SE Grand Rapids, MI 49503	OPH
* Thomas A. Malvitz, MD 750 E. Beltline, NE Grand Rapids, MI 49506	ORS	* Oren W. Mason, MD 50 College Ave., Se Grand Rapids, MI 49503	FP	* Vilnis Meiers, MD 515 Lakeside Dr., SE Grand Rapids, MI 49506	PD
* Rolland D. Mambourg, MD 5171 Plainfield Ave., NE Grand Rapids, MI 49505	FP	* Warren B. Mason, MD 1900 Wealthy St., SE Grand Rapids, MI 49506	IM	* David P. Menapace, MD 2150 Lake Michigan Dr., N Grand Rapids, MI 49504	OBG
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* Daniel M. Mankoff, MD 1810 Wealthy St., SE Grand Rapids, MI 49506	AN	* Ralph E. Mathis, MD 21 Michigan St., NE Grand Rapids, MI 49503	OBG	* Nadia O. Metwalli, MD 2740 28th St., SW Grand Rapids, MI 49509	PTH
Joseph D. Mann, MD 2435 Beechwood Dr., SE	PTH	* Theodore Mauger, MD 300 68th St., SE Grand Rapids, MI 49548	P	* Judith L. Meyer, MD 3181 Prairie, SW	OBG
		* B. Kent Maupin, MD	ORS		

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Grandville, MI 49418		75 Sheldon Blvd., Se #106		Grand Rapids, MI 49503		Grand Rapids, MI 49503	
* Roger D. Miller, MD	CD	* Leslie A. Neuman, MD	N	2855 Michigan St., NE		* Avni D. Ozkan, MD	P
1300 Michigan St., NE		Grand Rapids, MI 49506		Grand Rapids, MI 49503		1444 Michigan, Ne	
Grand Rapids, MI 49503		* Charles W. Newton, III, M	OBG	Grand Rapids, MI 49503		Grand Rapids, MI 49503	
Theodore P. Miller, MD	PD	771 Kenmoor, SE				* James D. Paauw, MD	GS
1907 Houseman Ave., NE		Grand Rapids, MI 49546				2601 Glencairn, NW	
Grand Rapids, MI 49505		* John P. Newton, MD	FP			Grand Rapids, MI 49504	
* Kim Alan Mills, MD	PTH	3482 Plainfield Ave., NE				* Theresa A. Palaszek, MD	OBG
100 Michigan Ave., NE		Grand Rapids, MI 49505				833 Lake Drive, SE	
Grand Rapids, MI 49503		* Melvin L. Noah, MD	OBG			Grand Rapids, MI 49506	
* Robert W. Miner, MD	P	Route #1				* Steven S. Palmer, MD	OPH
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Grand Rapids, MI 49546		* Ellen C. Norton, MD	P			Grand Rapids, MI 49506	
* Ann M. Minnema, MD	IM	1306 Forest Hill, SE				* John P. Papp, MD	IM
515 Lakeside Dr., Se		Grand Rapids, MI 49546				1900 Wealthy St., SE	
Grand Rapids, MI 49506		* Douglas D. Notman, MD	IM			Grand Rapids, MI 49506	
* Mithilesh J. Mishra, MD	PS	240 Cherry St., Se				* Richard W. Partridge, MD	R
1400 Michigan St., NE #2,		Grand Rapids, MI 49503				8735 Glen Nevis, NE	
Grand Rapids, MI 49503		* Michael E. Novak, MD	U			Ada, MI 49301	
* Carl H. Moberg, MD	CD	515 Lakeside Dr., Se				* William J. Passinault, MD	GS
1425 Michigan, NE		Grand Rapids, MI 49506				245 Cherry St., SE #102	
Grand Rapids, MI 49503		* Bruce W. Nugent, MD	EM			Grand Rapids, MI 49503	
* Mark O. Moleski, MD	OPH	1792 Tahoe Pine Dr. SW				* Pravin C. Patel, MD	OM
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Grand Rapids, MI 49506		* James D. O'Brien, MD	FP			Grand Rapids, MI 49503	
* Carole S. Montgomery, MD	IM	750 Fuller Ave., NE				* Taru P. Patel, MD	FP
1300 Michigan, NE #103		Grand Rapids, MI 49503				50 College Ave., SE	
Grand Rapids, MI 49503		* Mark S. O'Brien, MD	IM			Grand Rapids, MI 49503	
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1862 Sherman, Se		Grand Rapids, MI 49506				515 Lakeside Dr., SE	
Grand Rapids, MI 49506		* Richard P. O'Connor, Jr.,	IM			Grand Rapids, MI 49506	
* Joseph S. Moore, MD	OBG	200 Jefferson, Se				* Lawrence H. Patzelt, MD	TS
21 Michigan, NE #720		Grand Rapids, MI 49503				1900 Wealthy St., SE	
Grand Rapids, MI 49503		* John B. O'Donnell, MD	HEM			Grand Rapids, MI 49506	
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220 Lyon, Nw		Grand Rapids, MI 49503				75 Sheldon Blvd., Se #103	
Grand Rapids, MI 49503		* Joseph R. O'Donnell, MD	NS			Grand Rapids, MI 49503	
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Ada, MI 49301		* William G. O'Driscoll, MD	IM			Grand Rapids, MI 49546	
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1900 Wealthy St., SE		St. Mary's Hlth. Services				1810 Wealthy St., SE	
Grand Rapids, MI 49506		Grand Rapids, MI 49503				Grand Rapids, MI 49506	
Dirk R. Mouw, MD	GP	* Samuel M. Oates, MD	GS			John R. Pedden, MD	IM
2352 Jefferson Dr., SE		2120 43rd St., SE				2049 Woodcliff, SE	
Grand Rapids, MI 49507		Grand Rapids, MI 49508				Grand Rapids, MI 49546	
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1659 Graham Ct., NW		2110 Enterprise, SE				5940 Tahoe, SE #103B	
Grand Rapids, MI 49504		Grand Rapids, MI 49508				Grand Rapids, MI 49546	
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2047 Jefferson Dr., SE		1300 Michigan St., NE #10				1000 E. Paris, SE #208	
Grand Rapids, MI 49507		Grand Rapids, MI 49503				Grand Rapids, MI 49546	
James P. Muldoon, MD	CRS	* Anne F. Oostendorp, MD	PDR			* David P. Petersen, MD	GS
30 College Ave., SE		1300 Michigan St., Ne #10				1300 Michigan St., NE	
Grand Rapids, MI 49503		Grand Rapids, MI 49503				Grand Rapids, MI 49503	
* Mazhar Munir, MD	P	* Leon D. Oostendorp, MD	GS			* Edward N. Peterson, MD	OBG
2059 Lake Michigan Dr.		21 Michigan St., NE				200 Jefferson, SE	
Grand Rapids, MI 49504		Grand Rapids, MI 49503				Grand Rapids, MI 49503	
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309 Jefferson, SE		970 Parchment, SE				2020 Raybrook S. E. #302	
Grand Rapids, MI 49503		Grand Rapids, MI 49546				Grand Rapids, MI 49546	
Reinard P. Nanzig, MD	OBG	* S. E. Ottenweller, MD	GS			* Thomas H. Peterson, MD	PD
2594 Knightsbridge Rd., S		1300 Michigan St., Ne #20				3637 Clyde Park, SW	
Grand Rapids, MI 49546		Grand Rapids, MI 49503				Wyoming, MI 49509	
* Evelyn P. Navarro, MD	N	* David L. Oviatt, MD	IM			* Robert L. Petroelje, MD	OTO
445 Cherry St., SE		245 State St., SE				1425 Michigan St., NE	
Grand Rapids, MI 49503						Grand Rapids, MI 49503	
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* Bryant W. Pierce, MD 5766 Forest Glen Dr., SE Ada, MI 49301	EM	Robert J. Raiman, MD 12236 Hoskins, NE Cedar Springs, MI 49319	GS	* Robert J. Roberts, Jr., M 2120 43rd St., SE #100 Grand Rapids, MI 49508	OBG
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* James R. Pochert, MD 21 Michigan St., SE #615 Grand Rapids, MI 49503	IM	* Richard S. Rasmussen, MD 127 Robinhood, Se Grand Rapids, MI 49506	FP	William L. Rodgers, MD 1546 Sherman, SE Grand Rapids, MI 49506	
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* Richard C. Postma, MD 1120 36th St., SE Box 196 Grand Rapids, MI 49501	U	* Robert C. Richard, MD 105 Jefferson, SE Grand Rapds, MI 49503	FP	* Kenneth A. Ronzey, MD 1810 Wealthy St., SE Grand Rapids, MI 49506	AN
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* Sarla Puri, MD 1840 Wealthy St., SE Grand Rapids, MI 49506	PTH	* John C. Rienstra, MD 21 Michigan St., NE Grand Rapids, MI 49503	GS	William Roosenberg, MD 801 Wellerwood Dr., NE Grand Rapids, MI 49505	GP
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* John W. Quick, MD 2020 Raybrook S. E. #302 Grand Rapids, MI 49546	DR	Jordan C. Ringenberg, MD 1777 Placid Ct. Caledonia, MI 49316	OTO	* Andrew M. Rosenblum, MD 1900 Wealthy St., SE #150 Grand Rapids, MI 49506	IM
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* Ernest V. Quiroz, MD 150 Jefferson Grand Rapids, MI 49503	FP	* Liana G. Rinzler, MD 1333 Worcester, NE Grand Rapids, MI 49505	FP	Leonard Rosenzweig, MD 82 Ionia Ave., NW #188 Grand Rapids, MI 49503	P
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Grand Rapids, MI 49546		William B. Scholten, MD	P	2693 Four Mile Rd., NE	
* G. Jay Rottman, MD	R	300 68th St., SE		Grand Rapids, MI 49505	
50 College Ave., SE		Grand Rapids, MI 49548		* Alan E. Siegel, MD	PD
Grand Rapids, MI 49503		* Thomas N. Schriefer, MD	N	515 Lakeside Dr., SE	
Owen W. Rottschafeer, MD	IM	500 Cherry St., Se		Grand Rapids, MI 49506	
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Ada, MI 49301		* Paul G. Schutt, MD	ORS	72 Sequoia	
* John A. Rupke, MD	PG	251 Michigan, NE		Kenner, LA 70065	
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Grand Rapids, MI 49546		* William W. Schwab, MD	ORS	1300 Michigan St., NE	
* Stephen B. Rupp, MD	DR	251 Michigan St., NE		Grand Rapids, MI 49503	
731 Kenmoor, SE		Grand Rapids, MI 49503		* William D. Simpson, MD	PS
Grand Rapids, MI 49506		* Thomas G. Schwaderer, MD	ORS	1900 Wealthy St., SE	
* Theodore J. Rupp, MD	D	251 Michigan, Ne		Grand Rapids, MI 49506	
515 Michigan St., NE		Grand Rapids, MI 49503		* Marc H. Sink, MD	AN
Grand Rapids, MI 49503		* Steven E. Scranton, MD	AN	1810 Wealthy St., SE	
* Thomas H. Rupp, MD	IM	426 Plymouth Ave., NE		Grand Rapids, MI 49506	
968 Mallard Creek Rd.		Grand Rapids, MI 49505		* James J. Smiggen, MD	OBG
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* Scott S. Russo, MD	ORS	245 Cherry St., SE		Ada, MI 49301	
260 Jefferson, SE		Grand Rapids, MI 49503		* Cathy C. Smith, MD	IM
Grand Rapids, MI 49503		* Steven K. Selin, MD	FP	933 Three Mile, NW #102	
John A. Ryan, MD	U	4340 Callender, Se		Walker, MI 49504	
1408 Ridgewood, SE		Grand Rapids, MI 49508		* Dean T. Smith, MD	GS
Grand Rapids, MI 49506		* Anthony Senagore, MD	CRS	412 Plymouth, NE	
* Gilbert J. Sales, MD	AM	75 Sheldon, SE		Grand Rapids, MI 49505	
2420 Inverness Rd., SE		Grand Rapids, MI 49503		* Mervyn W. Smith, MD	FP
Grand Rapids, MI 49546		* Patricia K. Senagore, MD	PTH	1425 Michigan, NE	
* James E. Samuelson, MD	IM	100 Michigan, Ne		Grand Rapids, MI 49503	
1300 Michigan, NE #103		Grand Rapids, MI 49503		Robert B. Smith, MD	IM
Grand Rapids, MI 49503		Joseph A. Sentkeresty, MD	IM	1203 S. Bend Drive	
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* Gregory A. Sandman, MD	IM	320 S. Huron St. #1		Grand Rapids, MI 49503	
1035 Spaulding, SE		Ypsilanti, MI 48197		* Edward J. Snell, MD	IM
Grand Rapids, MI 49546		* James W. Setchfield, MD	FP	21 Michigan St., NE #615	
* William A. Scalf, MD	OTO	151 Glenview Dr., Se		Grand Rapids, MI 49503	
222 E. Fulton St.Box 1983		Grand Rapids, MI 49506		* Enrico C. Sobong, MD	IM
Grand Rapids, MI 49503		Eugene S. Sevensma, MD	P	515 Lakeside Dr., SE	
Howard J. Schaubel, MD	ORS	1733 West Lane Dr., Ne		Grand Rapids, MI 49506	
6210 Tahoe Dr., SE		Grand Rapids, MI 49505		C H. Southwick, MD	GS
Grand Rapids, MI 49546		Martin Sharda, MD	GS	760 San Jose Dr., SE	
* David E. Scheeres, MD	GS	701 Ball, NE C/O KCCF		Grand Rapids, MI 49506	
240 Cherry St., SE		Grand Rapids, MI 49503		* Mark T. Spoolstra, MD	IM
Grand Rapids, MI 49503		* Sheel B. Sharma, MD	PD	7425 Buccaneer Dr., SE	
Donald C. Schek, MD	IM	21 Michigan, Ne		Kentwood, MI 49508	
1344 Bent Tree Dr.		Grand Rapids, MI 49503		* Thomas R. Spooner, MD	OTO
Hudsonville, MI 49426		* David L. Sharp, MD	FP	222 E. Fulton St.	
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7840 Conservation Rd.		Grand Rapids, MI 49503		* Sherman A. Sprik, MD	OTO
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1840 Wealthy St., SE		Grand Rapids, MI 49546		* Paul G. St. Claire, MD	AN
Grand Rapids, MI 49546		* Stanley R. Sherman, MD	GS	601 Michigan Ave.	
N. Schneider-Dice, MD	P	245 Cherry St., SE		Holland, MI 49423	
1245 Travis, NE		#102		* John F. Stamler, MD	OPH
Grand Rapids, MI 49505		Grand Rapids, MI 49503		1000 E. Paris Ave., SE	
* Harry E. Schneiter, MD	FP	Richard H. Sidell, MD	GS	Grand Rapids, MI 49546	
150 Jefferson Ave., Se		927 Princeton Blvd., SE		* Sandra L. Staublin	
Grand Rapids, MI 49503		Grand Rapids, MI 49506		8424 Oakview	
		* Roger C. Sider, MD	P	Rockford, MI 49341	

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Grand Rapids, MI 49503					
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Grand Rapids, MI 49506		Grand Rapids, MI 49503		Grand Rapids, MI 49506	
* Edward T. Stern, MD	AI	* Joseph L. Taylor, MD	PD	Richard T. Upton, MD	OBG
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Grand Rapids, MI 49508		Grand Rapids, MI 49504		Grand Rapids, MI 49506	
* Todd C. Stevens, MD	IM	* Susan J. Taylor, MD	OBG	* Vernon D. Vaandrager, MD	PD
75 Sheldon Blvd., SE #106		771 Kenmoor, SE		1033 Fulton St., W	
Grand Rapids, MI 49503		Grand Rapids, MI 49546		Grand Rapids, MI 49504	
* John E. Stevenson, MD	NS	* Randall J. Telman, MD	PS	F Valdmanis, MD	R
414 Plymouth, NE		426 Michigan St., NE		2120 Lake Dr., SE	
Grand Rapids, MI 49505		Grand Rapids, MI 49503		Grand Rapids, MI 49506	
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426 Plymouth Ave., NE		1438 Marwood, SE		4600 Breton Rd., SE #102	
Grand Rapids, MI 49505		Grand Rapids, MI 49508		Grand Rapids, MI 49508	
* Fred S. Stockinger, MD	CD	* Emmanuel M. Tendero, MD	P	* Forrest R. Van Dam, MD	P
21 Michigan St., NE		7402 Treeline, Se		2348 E. Beltline, SE	
Grand Rapids, MI 49503		Grand Rapids, MI 49506		Grand Rapids, MI 49546	
* Leroy E. Strong, MD	OPH	* Donald H. Ter Keurst, MD	PD	* Glenn M. Van Dommelen, MD	OBG
1000 E. Paris Rd., SE #22		7304 Wilkinson Dr., NE		21 Michigan St., NE	
Grand Rapids, MI 49546		Rockford, MI 49341		Grand Rapids, MI 49503	
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1900 Wealthy St., S.E.		447 Lakeside Dr., NE		2855 Michigan St., NE	
Grand Rapids, MI 49506		Grand Rapids, MI 49503		Grand Rapids, MI 49506	
* George T. Sugiyama, MD	CDS	* Jean B. Thomas, MD	FP	* Richard A. Van Dyken, MD	IM
21 Michigan St., NE		200 Jefferson, SE		100 Michigan, NE	
Grand Rapids, MI 49503		Grand Rapids, MI 49503		Grand Rapids, MI 49503	
Keh-Ming Sun, MD	PTH	* David E. Thompson, MD	U	* William E. Van Eerden, MD	P
6301 Greenway Dr., SE		515 Lakeside Dr., SE		300 68th St., SE	
Grand Rapids, MI 49546		Grand Rapids, MI 49506		Grand Rapids, MI 49548	
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75 Sheldon, SE		6095 N. Gatehouse Dr., SE		3676 Bonita View, SE	
Grand Rapids, MI 49503		Grand Rapids, MI 49546		Grand Rapids, MI 49508	
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Grand Rapids, MI 49505		Hudson, NH 03051		Cedar Springs, MI 49319	
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21 Michigan, NE		150 Jefferson, SE		5171 Plainfield Ave., NE	
Grand Rapids, MI 49503		Grand Rapids, MI 49503		Grand Rapids, MI 49505	
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Grand Rapids, MI 49506		Byron Family Medicine, P.		Grand Rapids, MI 49503	
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Grand Rapids, MI 49506		21 Michigan St., NE #550		Grand Rapids, MI 49503	
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3974 Whispering Way, SE #		* Dean J. Toriello, MD	PS	750 E. Beltline, NE	
Grand Rapids, MI 49546		1300 Michigan, Ne #102		Grand Rapids, MI 49546	
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Jenison, MI 49428		Wyoming, MI 49509		Grand Rapids, MI 49505	
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50 College Ave., SE		1900 Wealthy St., SE		1900 Wealthy St., SE	
Grand Rapids, MI 49503		Grand Rapids, MI 49506		Grand Rapids, MI 49506	
* Rodman M. Taber, MD	OBG	* Robert L. Troske, MD	P	* Peter D. Van Vliet, MD	PTH
3300 Burton, SE		4500 Cascade Rd., SE		100 Michigan St., NE	
Grand Rapids, MI 49546		Grand Rapids, MI 49546		Grand Rapids, MI 49503	
* John P. Tagett, MD	GS	* William C. Trowbridge, MD	GP	* Gerard L. Van Wesep, MD	OPH
678 Front, Nw		9680 Ravine Ridge Dr, Se		750 E. Beltline, NE	
Grand Rapids, MI 49504		Caledonia, MI 49316		Grand Rapids, MI 49546	
* Timothy M. Talbott, MD	CRS	* Robert L. Tupper, MD	IM	* Thomas L. Van Wingen, MD	OBG
75 Sheldon Ave., SE		1840 Wealthy St., SE		2120 43rd St., SE #100	
Grand Rapids, MI 49503		Dir. Medical Education		Grand Rapids, MI 49508	
* Philip W. Tate, MD	IM	Grand Rapids, MI 49506		Albert Van'T Hof, MD	HS
240 Cherry St., SE		* Vincent J. Turcotte, MD	CD	6034 Parview Dr., SE	
		515 Lakeside Dr., SE		Grand Rapids, MI 49546	
				Tunis Vanden Berg, MD	FP

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Kent (106)

3448 Eagle Ridge Ct. Grand Rapids, MI 49505		Grandville, MI 49418		* Jack E. Weigle, MD	OBG
William O. Vanden Berg, M	OBG	* Francis J. Verde, MD	R	3100 Ivanrest, SW	
942 Bellclaire, SE		200 Jefferson Ave., SE		Grandville, MI 49418	
Grand Rapids, MI 49506		Grand Rapids, MI 49503		* Andrew M. Welch, MD	IM
A. R. Vandenberg, MD	IM	* David D. Verdier, MD	OPH	1900 Wealthy St., SE #150	
3710 Charlevoix Dr., SE		1000 E. Paris Rd., SE		Grand Rapids, MI 49506	
Grand Rapids, MI 49546		Grand Rapids, MI 49546		Keith E. Weller, MD	IM
* Susan N. VandenBerg, MD	EM	Keats K. Vining, MD	IM	1000 East Paris, SE	
1840 Timber Trail, SE		1900 Wealthy St., SE		Grand Rapids, MI 49546	
Ada, MI 49301		Grand Rapids, MI 49506		* Vernon E. Wendt, MD	IM
* W. Christian VandenBerg,	PM	Earl R. Visser, MD	AN	21 Michigan St., NE	
350 Lafayette, SE		5835 Lake Harbor Rd.		Grand Rapids, MI 49503	
#301		Muskegon, MI 49441		* Robert J. Westerhoff, MD	FP
Grand Rapids, MI 49503		* John R. Visser, MD	N	806 Alger St., SE	
William VandenBerg, MD	OPH	500 Cherry St., SE		Grand Rapids, MI 49507	
2165 Onekema, SE		Grand Rapids, MI 49503		* Donald G. Weston, III, MD	AN
Grand Rapids, MI 49506		* Richard W. Visser, MD	EM	426 Plymouth Ave., NE	
* Kenneth J. Vander Kolk, M	OBG	5821 Arbor Ct.		Grand Rapids, MI 49505	
21 Michigan St., NE		Rockford, MI 49341		* Scott C. Wetzel, MD	OBG
Grand Rapids, MI 49503		Anton Vogel, MD	GP	3100 Ivanrest, SW	
* Leonard C. Vander Lin, MD	P	231 Greenridge Dr., NW		Grandville, MI 49418	
967 Gladstone, Se		Grand Rapids, MI 49504		John D. Whitehouse, MD	P
E. Grand Rapids, MI 49506		* John R. Vydareny, MD	D	1739 Paul R St., SE	
Raymond L. Vander Meer, M	IM	1900 Wealthy St., SE		Grand Rapids, MI 49508	
830 Chippewa Dr., Se		Grand Rapids, MI 49506		R. N. Whittenberger, MD	GS
Grand Rapids, MI 49506		* Roy W. Waddell, MD	ORS	3589 Charlevoix Dr., SE	
* John Vander Molen, MD	FP	1000 E. Paris Rd., SE #118		Grand Rapids, MI 49546	
300 68th St., SE		Grand Rapids, MI 49546		* Peter J. Wiebenga, MD	EM
Grand Rapids, MI 49548		* Christian E. Wagner, MD	FP	0-124 Jackson, SW	
* Robert A. Vander Ploeg, M	GS	50 College Ave., Se		Grandville, MI 49418	
2211 Egypt Valley Ave., N		Grand Rapids, MI 49503		* Richard M. Wilcox, MD	GS
Ada, MI 49503		* Susan H. Wakefield, MD	PD	1900 Wealthy St., SE #240	
* D. W. Vander Vliet, MD	CHP	751-A Kenmoor, SE		Grand Rapids, MI 49506	
300 68th St., SE		Grand Rapids, MI 49546		* D. Eugene Wiley, MD	N
Grand Rapids, MI 49548		* John A. Walen, MD	FP	2855 Michigan St., NE	
* Henry L. Vanderkolk, MD	DR	2145 Ridgewood, SE		Grand Rapids, MI 49506	
2020 Raybrook S. E. #302		Grand Rapids, MI 49546		John B. Wilkes, MD	GS
Grand Rapids, MI 49546		* Jeffrey B. Walker, MD	AN	2609 Alger St., SE	
* Ronald L. Vanderlaan, MD	CD	1810 Wealthy St., SE		Grand Rapids, MI 49546	
1900 Wealthy St., Se #150		Grand Rapids, MI 49506		* Charles A. Wilkinson, MD	R
Grand Rapids, MI 49506		* Clarence E. Walls, MD	ORS	1745 Vesta Lane, SE	
* Evelyn E. Vanderveen, MD	D	515 Lakeside, SE #202		Grand Rapids, MI 49506	
426 Michigan St., NE		Grand Rapids, MI 49506		* Chad R. Williams, MD	DR
Grand Rapids, MI 49503		* Daniel Walma, MD	OPH	731 Kenmoor, SE	
* Gilbert J. Vanderveen, MD	OPH	745 Towers Medical Bldg.		Grand Rapids, MI 49546	
750 E. Beltline, NE		21 Michigan N.E.		* Earl R. Williams, MD	OBG
Grand Rapids, MI 49546		Grand Rapids, MI 49503		21 Michigan St Ne	
* David A. Vanderwall, MD	GS	* Roger N. Wassink, MD	ORS	Grand Rapids, MI 49503	
220 Lyon, Nw #700		21 Michigan, NE		John R. Wilson, MD	PD
Grand Rapids, MI 49503		Grand Rapids, MI 49503		2320 West Leonard	
* Douglas M. Vandrie, MD	OBG	* James K. Watkins, MD	U	Grand Rapids, MI 49504	
1900 Wealthy St, Se		75 Sheldon Ave., SE #101		* Charles S. Winslow, MD	PD
Grand Rapids, MI 49506		Grand Rapids, MI 49503		1840 Wealthy St., Se	
Corwin G. VanDerVeer, MD	OBG	* Jacquelyn R. Watson, MD	R	Grand Rapids, MI 49506	
25 Park Hills, SE		1300 Michigan St., NE #10		* Stephen L. Winston, MD	AN
Grand Rapids, MI 49506		Grand Rapids, MI 49503		1810 Wealthy St., SE	
* Darryl J. Varda, MD	N	Clarence F. Webb, MD	OBG	Grand Rapids, MI 49506	
2855 Michigan St., NE		P O Box 68070		* Barbara L. Wiseman, MD	OBG
Grand Rapids, MI 49506		Grand Rapids, MI 49506		4600 Breton Rd., SE #102	
C. Mark Vasu, MD	CD	Jerome E. Webber, MD	PD	Grand Rapids, MI 49508	
2827 Reeds Lake Blvd., SE		402 Briar Lane, Ne		* Douglas F. Wiseman, MD	AN
Grand Rapids, MI 49506		Grand Rapids, MI 49503		1810 Wealthy St., SE	
* James B. Veldkamp, MD	IM	* Thomas A. Weber, MD	FP	Grand Rapids, MI 49506	
1300 Michigan St., NE		300 68th St., SE		* Jerry A. Wittingen, MD	OBG
Grand Rapids, MI 49503		Grand Rapids, MI 49548		21 Michigan, NE #630	
* Jay H. Veltman, MD	PD	* Philip J. Weighner, MD	IM	Grand Rapids, MI 49503	
3946 G 30th St		833 Lake Dr., SE		* Alan Woelfel, MD	CD
		Grand Rapids, MI 49506		1300 Michigan Ave., NE	

MSMS Members by Counties

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Grand Rapids, MI 49509	
* Terrence P. Wright, MD	FP
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Grand Rapids, MI 49508	
* Barbara L. Wuehrmann, MD	FP
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Grand Rapids, MI 49505	
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Grand Rapids, MI 49506	
106 GS	
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LENAWEE (114)

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MSMS Members by Counties

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Howard R. Eddy, MD 476 N. Scott St. Adrian, MI 49221	IM	Adrian, MI 49221		* Serafin L. Samson, MD 555 Meadowbrook Adrian, MI 49221	GP
* William R. Elliott, MD 454 Cross St. Hudson, MI 49247	FP	* Asuncion Q. Luz, MD 760 Riverside Ave. Adrian, MI 49221	PDA	* Donald R. Samuel, MD 501 E. Cummins "D" Tecumseh, MI 49286	OBG
* James L. Feeney, MD 781 Lakeshire Trail Box 7 Adrian, MI 49221	IM	* Herminio G. Magbanua, MD 104 N. Main St. Waldron, MI 49288 114 GS	GS	* Donato F. Sarapo, MD Mill Street Professional Bldg. Adrian, MI 49221	IM
* Shiang-Hui Foo, MD 128 E. Butler Adrian, MI 49221	IM	* Donald J. Martin, Jr., 750 High St. Adrian, MI 49221	MD	* Jonna L. Schmidt, MD 791 Meadowbrook Dr. Hudson, MI 49247	IM
* David R. Franzblau, MD 770 Riverside #206 Adrian, MI 49221	P	* J. Michael Maxwell, MD 227 Riverside Ave. Adrian, MI 49221	ORS	* T. O. Shanavas, MD 142 E. Maumee St. Adrian, MI 49221	PD
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* Paul E. Gietzen, MD 781 Lakeshire Trail Adrian, MI 49221	IM	* Thomas J. McKeon, MD 1959 Azalea Dr. Adrian, MI 49221	IM	* Steven A. Sherman, MD 1250 W. Maple Ave. Adrian, MI 49221	N
* William C. Gilkey, MD 227 Riverside Ave. Adrian, MI 49221	OBG	John K. Mensah, MD 925 W. Maumee Adrian, MI 49221	AN	* Sherman C. Shultz, MD P.O. Box 607 Adrian, MI 49221	FP
* Richard Gilmartin, MD 946 Hillcrest Adrian, MI 49221	FP	* Jeffrey L. Messenger, MD 770 Riverside Dr. Adrian, MI 49221	D	Xenophon Skufis, MD 125 E. Chestnut St. Adrian, MI 49221	AN
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Charles H. Heffron, MD 231 North Main St. Adrian, MI 49221	FP	Elli P. Moller-Fabok, MD 8899 Matthews Hwy. Tecumseh, MI 49286	IM	* Richard L. Taylor, MD 2550 N. Adrian Hwy. Adrian, MI 49221	R
Ralph F. Helzerman, MD 9409 Tonneberger Dr. Tecumseh, MI 49286	FP	* Konda B. Mouli, MD 777 Kimole Lane #260 Adrian, MI 49221	U	* Marinus Van Ooyen, MD Bixby Medical Center 818 Riverside Avenue Adrian, MI 49221	DR
* Chaudhary M. Idress, MD 231 N Main St Adrian, MI 49221	IM	* Padmaja R. Mouli, MD 231 N. Main St. Adrian, MI 49221	IM	* Antonio Q. Villarta, MD 4202 W. Maple Ave. Adrian, MI 49221	OTO
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Mualla Kaynak, MD 515 Meadowbrook Adrian, MI 49221	PD	* Jaroslav Oceretko, MD P.O. Box 777 Adrian, MI 49221	AN	* Michael J. Worzniak, MD 2730 Amslerwood Dr. Adrian, MI 49221	FP
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* Paul M. Kempen, MD 3325 S. Adrian Hwy. Adrian, MI 49221		* Donald C. Parker, MD 4500 Walnut Hill Ct. Adrian, MI 49221	R		
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* Francis A. Locke, MD 755 High Street	OBG	* Khawaja H. Rehman, MD 456 Cross St. Hudson, MI 49247	P		

Livingston (118)

* Robert P. Adams, MD 8580 W. Grand River #207 Brighton, MI 48116	FP
* Thomas M. Allen, MD 8580 W. Grand River #109 Brighton, MI 48116	ORS
* Beverly L. Anderson, MD 977 Sexton Rd. Howell, MI 48843	P
* Abelardo V. Bustillo, MD 2039 Byron Road Howell, MI 48843	GS

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Livingston (118)/ Macomb (126)

* Robert T. Clark, MD 8580 W. Grand River #5 Brighton, MI 48116	OPH	Brighton, MI 48116		43321 Commons Drive Mt. Clemens, MI 48044	
* Barbara A. Day, MD 2020 Hogback Rd. #14 Ann Arbor, MI 48105	P	* Patricia Z. Showerman, DO 1200 Byron Rd. Howell, MI 48843	FP	* Solon L. Alimario, MD 43321 Commons Dr. Mt. Clemens, MI 48044	IM
* Bipin P. Desai, MD 722 E. Grand River Brighton, MI 48116	PD	* Mark J. Skalski, MD 8685 W. Grand River Brighton, MI 48116	IM	* Isidro C. Almeda, MD 407 Naomi St. Plainwell, MI 49080	GS
* Frank J. Detterbeck, MD 2999 Char-Ann Drive Howell, MI 48843	EM	* Roscoe V. Stuber, MD 1200 Byron Road Howell, MI 48843	GS	* Neil H. Alperin, MD 11012 E. 13 Mile Rd. #103 Warren, MI 48093	RHU
* Warren R. Garr, MD 1200 Byron Rd. Howell, MI 48843	FP	* Sarada Subramania, MD 8641 W. Grand River #4 Brighton, MI 48116	DR	* Edward Alpert, MD 11885 E. 12 Mile Rd. Warren, MI 48093 (000)751-1122	A
Karol J. Granowski, MD 4387 Westhill Dr. Howell, MI 48843	R	* Edwin S. Woodworth, MD 1200 Byron Rd. Howell, MI 48843	FP	* Jules Altman, MD 11012 E 13 Mile Rd #102 Warren, MI 48093	D
* Thomas F. Higby, MD 726 Devonshire Fowlerville, MI 48836	GP	* Jung Wu, MD 1325 Byron Rd. Howell, MI 48843	OBG	* Mercedes G. Alvarez, MD 27101 Schoenherr Warren, MI 48093	GP
Stanley L. Hoffman, MD 1200 Byron Road Howell, MI 48843	FP	* Elida D. Yanga, MD 1335 Byron Rd. Howell, MI 48843	OBG	* Jagatbhai A. Amin, MD 36232 Garfield Rd Fraser, MI 48026	IM
* Michael E. Holda, MD 820 Byron Road Howell, MI 48843	ORS	* Ismael D. Yanga, MD 1315 Byron Rd. Howell, MI 48843	GS	* Claire A. Ammoun-Issa, MD 21409 Kelly Rd. #400 East Detroit, MI 48021	OBG
* Dong S. Kim, MD 711 Byron Road Howell, MI 48843	PD	* Joel Zacks, MD 15914 Jeanette Southfield, MI 48075	OPH	* James B. Anderson, MD 43251 Commons Dr. Mt. Clemens, MI 48044	ORS
Peter A. Lange, MD 1142 Fox Hills Howell, MI 48843	IM	Luce (122)			
* Harry S. Lubetsky, MD 8599 Gr. River-Davis Hlth Brighton, MI 48116	D	Donald K. Barstow, MD Hiawatha Club Engadine, MI 49827	GP	* Ramon M. Aparece, MD 38901 Moravian Dr. Mt. Clemens, MI 48043	IM
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* David J. Beyer, MD	FP	26156 Van Dyke Ave.		25815 Harper	
30695 Little Mack Ave. #2		Centerline, MI 48015		St. Clair Shores, MI 48081	
Roseville, MI 48066		* Wook-Chin Chong, MD	DR	Hamazasp B. Darian, MD	FP
* Savitri M. Bhamra, MD	P	15855 19 Mile Rd.		6815 Crestway Drive	
39338 Tunstall Dr.		Mt. Clemens, MI 48044		Birmingham, MI 48010	
Mt. Clemens, MI 48044		* Randy M. Chudler, MD	U	* Arsenio V. De Leon, Jr., MD	IM
* Jamshid R. Bhavnagiri, MD	OBG	44700 Delco Blvd.		133 S. Gratiot C	
43191 Dalcorna Drive		Sterling Heights, MI 48313		Mt. Clemens, MI 48043	
Mt. Clemens, MI 48044		Joel W. Clay, MD	GS	* Luiz F. De Moura, MD	OTO
* Bernard W. Bigley, MD	FP	526 Wellington Crescent		15400 19 Mile Rd. #100	
2449 E. 12 Mile Rd.		Mt. Clemens, MI 48043		Mt. Clemens, MI 48044	
Warren, MI 48092		* William E. Clay, MD	AN	* Dario C. De Paulis, MD	FP
* Donald D. Bignotti, MD	FP	468 Cadieux Rd. Dept/Anes		22850 Kelly Rd. C	
30695 Little Mack #200		Grosse Pointe, MI 48230		East Detroit, MI 48021	
Roseville, MI 48066		* Alan D. Cohen, MD	D	* Annette G. De Santis, MD	PM
Yousef B. Bishai, MD	OBG	2070 Wabeek Hill Ct.		18285 Ten Mile Rd. #130	
105 Lakeshore Rd.		Bloomfield Hills, MI 48013		Roseville, MI 48066	
Grosse Pte. Farms, MI 48236		* Alberto Cohen, MD	CD	* Jeffrey S. Deitch, DO	FP
* William A. Bonnefil, MD	OBG	42536 Hayes Rd. #800		6380 Pinecrest	
11012 E 13 Mile Rd #212		Mt. Clemens, MI 48044		West Bloomfield, MI 48322	
Warren, MI 48093		* Sorab A. Colah, MD	NS	E. D. Deocampo, MD	AN
* David W. Brege, MD	PD	67 Cass Ave. #708		1289 Green Glen Ct.	
25815 Harper		Mt. Clemens, MI 48043		Bloomfield Hills, MI 48304	
St. Clair Shores, MI 48081		* Basil B. Considine, MD		* Nestor D. Deocampo, MD	GS
* Terrence P. Brennan, MD	IM	330 W. Tienken Rd.		28043 Hoover	
12296 Twelve Mile Rd.		Rochester Hills, MI 48306		Warren, MI 48093	
Warren, MI 48093		* John V. Corbett, MD	ORS	Shobhana R. Desai, MD	IM
William J. Briggs, MD	IM	225 S. Gratiot		22900 E. Remick	
483 Allard Rd.		Mt. Clemens, MI 48043		Mt. Clemens, MI 48043	
Grosse Pte. Farms, MI 48236		* Maria Corondan, MD	GP	* Juan C. Di Musto, MD	OBG
* William L. Bristol, MD	IM	26156 Van Dyke Ave.		16570 19 Mile Rd.	
21321 Kelly Rd.		Centerline, MI 48015		Clinton Twp. MI 48044	
East Detroit, MI 48021		* Jose M. Cosio, MD	PTH	* R. Dimitrijevic, MD	IM
* Leland C. Brown, MD	PH	St. Joseph Hospital, East		3361 Chickering Lane	
37520 Palmar		Mt. Clemens, MI 48043		Bloomfield Hills, MI 48013	
Mt. Clemens, MI 48043		* Curtis P. Craig, MD	FP	* Tom Dimovski, MD	FP
* Gerald G. Brueckner, MD	CLP	12843 Watkins Dr.		13467 23 Mile Rd.	
15855 19 Mile Rd. Path. D		Shelby Twp. MI 48315		Utica, MI 48087	
Mt. Clemens, MI 48044		* Linda L. Crandall, MD	PD	* Paul E. Dionne, MD	OBG
* Maynard C. Buszek, MD	PM	25815 Harper		28043 Hoover	
18285 Ten Mile Rd. #130		St. Clair Shores, MI 48081		Warren, MI 48093	
Roseville, MI 48066		* Victor Curatolo, MD	R	* Vijay K. Dixit, MD	PS
* Bruce E. Carl, MD	FP	67 Cass Ave.		37300 Garfield Rd.	
64580 Van Dyke		Macomb Daily Bldg.		Mt. Clemens, MI 48043	
Romeo, MI 48065		Mt. Clemens, MI 48043		* Clifford L. Doane, MD	PD
* Ricardo Chalela, MD	R	William P. Curtiss, MD	IM	43900 Garfield #226	
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		* Dominic A. Cusumano, MD	IM		

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* Lillman Dwarka, MD	IM	25910 Kelly Rd. A		* Sachinder S. Hans, MD	CDS
38300 Van Dyke		Roseville, MI 48066		28411 Hoover Rd.	
Sterling Heights, MI 48077		* Steve G. Georgiou, MD	IM	Warren, MI 48093	
* Charles M. Ebner, MD	IM	43171 Dalcoma Dr.		* Robert D. Harris, MD	GS
12296 Twelve Mile Rd.		Mt. Clemens, MI 48043		22480 Kelly Rd.	
Warren, MI 48093		* V. Geravipoolvorn, MD	RHU	East Detroit, MI 48021	
* Paul H. Ehardt, MD	FP	27730 Gratiot Ave.		* Ghassan Haurani, MD	GS
48680 Van Dyke		Roseville, MI 48066		43171 Dalcoma Dr. #1	
Utica, MI 48087		* Richard M. Gerber, MD	IM	Mt. Clemens, MI 48044	
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Pontiac, MI 48055		* Stuart R. Gildenberg, MD	D	Chico, CA 95926	
* Kevin Fahey, MD	OBG	11012 E. 13 Mile Rd. #102		* Richard M. Hook, MD	OPH
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* Ben R. Fajardo, MD	IM	4095 Blue River Dr.		* A. Joseph Hoski, MD	ORS
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* David L. Falconer, MD	OPH	28363 Hoover		Michael Hranchook, MD	OM
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Warren, MI 48093		* Scot F. Goldberg, MD	IM	Bloomfield Hills, MI 48013	
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* James J. Faremouth, MD	ORS	Warren, MI 48093		43211 Dalcoma Dr.	
43201 Commons Dr.		* Theodore A. Golden, MD	D	Mt. Clemens, MI 48044	
Mt. Clemens, MI 48044		40600 Van Dyke		* Steven M. Hudock, MD	FP
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22480 Kelly Rd.		* Seymour V. Gordon, MD	OBG	Mt. Clemens, MI 48043	
East Detroit, MI 48021		11012 E 13 Mile Rd #212		* Carol L. Hulett, MD	ORS
* Anthony F. Femminineo, MD	PM	Warren, MI 48093		43251 Commons Dr.	
22151 Moross Rd. #304		* Paul R. Gradolph, MD	EM	Mt. Clemens, MI 48044	
Detroit, MI 48236		160 Baldwin		* Laura J. Hunter, DO	FP
* Joseph P. Femminineo, MD	PM	Birmingham, MI 48009		28295 Schoenherr Rd.	
22151 Moross #304		* William G. Grannis, MD	FP	Warren, MI 48093	
Detroit, MI 48236		43750 Garfield #211		* Faleh Hussein, MD	OBG
* Stephen I. Field, MD	D	Mt. Clemens, MI 48044		19557 Mack Ave.	
28333 Harper		Gertrude B. Gregory, MD	OM	Grosse Pte. Woods, MI 48236	
St. Clair Shores, MI 48081		68135 Frampton Dr.		* Claudio M. Iacobelli, MD	IM
* Jerome H. Finkel, MD	IM	Romeo, MI 48065		22480 Kelly Rd.	
3865 Park Dr.		* Lovell I. Guanco, MD	P	East Detroit, MI 48021	
West Bloomfield, MI 48033		42512 Hayes Rd. #100		* Davide Iacobelli, MD	D
* James A. Fortune, MD	FP	Mt. Clemens, MI 48044		198 S. Gratiot	
20175 Mack Ave.		* Walter Guevara, MD	P	Mt. Clemens, MI 48043	
Grosse Pointe, MI 48236		18245 10 Mile Rd. #110		* Pasquale B. Iaderosa, MD	IM
* Laura A. Fox-Smith, MD	FP	Roseville, MI 48066		133 S. Gratiot	
28295 Schoenherr		* Nicanor M. Guevarra, MD	IM	Mt. Clemens, MI 48043	
Warren, MI 48093		22070 S. Nunnely		* Danilo H. Iglesias, MD	IM
Herbert F. Friedman, MD	IM	Mt. Clemens, MI 48043		29270 Grandview	
11305 Hohokum Way		* Dan G. Guyer, MD	P	Mt. Clemens, MI 48045	
San Diego, CA 92127		131 Kercheval #390		* Eli M. Isaacs, MD	OBG
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37602 Charter Oaks Blvd.		* Manuel B. Hababag, MD	FP	West Bloomfield, MI 48033	
Mt. Clemens, MI 48043		1099 Joshua Dr.		* Rosario Itchon, MD	PD
* Amit K. Garg, MD	IM	Troy, MI 48098		36410 Garfield	
43211 Dalcoma Dr. #9		* Otto H. Hahne, MD	IM	Fraser, MI 48026	
Mt. Clemens, MI 48044		29473 City Center Dr.		Manuel Jacobs, MD	OBG
Francis G. Garrett, MD	TS	Warren, MI 48093		32800 Outland Trail	
77330 Missouri Drive		* Lawrence F. Handler, MD	OPH	Bingham Farms, MI 48025	
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* Craig B. Karsama, MD 46627 Kramer Shelby Twp. MI 48315	DR	David W. Kroll, MD 25815 Harper St. Clair Shores, MI 48081	PD	* Richard J. Lubera, MD 12296 Twelve Mile Rd. Warren, MI 48093	IM
* Michael J. Kasztelan, MD 64580 Van Dyke Ste. C Romeo, MI 48065	FP	* Joseph D. Kroon, MD 14 Belleview Mt. Clemens, MI 48043	OBG	* I. Donald Mac Kay, MD 330 W. Tienken Rochester Hills, MI 48306	ON
* Harold L. Katzman, MD 11012 E. 13 Mile Rd. #212 Warren, MI 48093	OBG	* Sushil Kumar, MD 31690 Hoover Rd. Warren, MI 48093	IM	* Tomas A. Macatangay, MD 45100 Sterritt Utica, MI 48317	PD
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* Chang-Soo Kim, MD 25520 Little Mack St. Clair Shores, MI 48081	IM	* George P. Kypros, MD 25520 Little Mack St. Clair Shores, MI 48081	IM	* Sharon L. Mandell, MD 42645 Garfield Mt. Clemens, MI 48044	FP
* Jung K. Kim, MD 39104 Royal Doulton Mt. Clemens, MI 48044	PD	Sarla Lal, MD 16226 Avenioa Venusto C San Diego, CA 92128	GP	* Edo V. Marcuz, MD 16570 Nineteen Mile Rd. Mt. Clemens, MI 48044	OBG
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* Mun K. Kim, MD 11885 E. 12 Mile Rd. #100 Warren, MI 48093	PD	* Charles J. Lapp, MD 8830 Suncrest Sterling Heights, MI 48314	FP	* Gil H. Mediodia, MD 50 Stillmeadow Lane Grosse Pte. Shores MI48236	EM
* Si Y. Kim, MD 54 Regal Place Grosse Pte. Shores MI48236	AN	Helen Lausz, MD 3411 Dorado Dr. Holiday, FL 34690	IM	* Robert W. Mendelson, MD 11885 E. 12 Mile Rd. Warren, MI 48093	R
Joyce W. Kingsley, Jr., MD 1001 Bishop Rd. Grosse Pte. MI 48230	IM	* Robert M. Lechy, Jr., MD 30695 Little Mack Ave. #2 Roseville, MI 48066	FP	* Jule J. Merritt, MD 13333 Hall Rd. #293 Utica, MI 48317	U
* Paul R. Kipp, MD 14 Belleview Mt. Clemens, MI 48043	OBG	* Byung S. Lee, MD 43475 Garfield Mt. Clemens, MI 48044	IM	* Richard C. Mertz, MD 21711 Greater Mack Ave. St. Clair Shores, MI 48080	OPH
* Earl R. Koenig, MD 3870 Glen Falls Dr. Bloomfield Hills, MI 48013	U	* Lawrence E. Lee, MD 11885 E. 12 Mile Rd. Warren, MI 48093	A	* Harold O. Messmer, MD 7817 Mc Clellan Utica, MI 48087	GP
* A. L. Koh-Guevarra, MD 22070 S Nunnely Mt. Clemens, MI 48043	IM	* Sang-Chun Lee, MD 11012 E 13 Mile Rd #212 Warren, MI 48093	OBG	* Somsak Metriyakool, MD 11800 Twelve Mile Rd. Warren, MI 48093	OBG
Miroslav Kollar, MD 2374 Chesapeake Ct. Troy, MI 48098	GP	* Thomas E. Lee, MD 11885 E. 12 Mile Rd. #100 Warren, MI 48093	PD	Sidney S. Meyers, MD 53 Blairmoor Court Grosse Pte. Shores MI48236	OBG
Richard M. Kommel, MD 670 Old Compass Rd. Longboat Key, FL 34228	OTO	* Ruben C. Legaspi, MD 25599 Kelly Rd. Ste. A Roseville, MI 48066	IM	* Patricia L. Milani, MD 22423 Manor St. Clair Shores, MI 48081	EM
		* Edward S. Lerchin, MD	D	George W. Miller, MD 379 Kerby Rd,	GS

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Sidney S. Miller, MD	OBG	1646 Ludlow Rd.		* Frank S. Pollina, MD	PM
25456 Wareham		Marco Island, FL 33937		22151 Moross Rd. #304	
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* Steven M. Millns, MD	FP	1004 Lakeshore Dr		* John C. Pollina, MD	PM
35050 23 Mile Rd.		Grosse Pte Shores, MI 48236		22151 Moross #304	
New Baltimore, MI 48047		* Vincent R. O'Shee, MD	OBG	Detroit, MI 48236	
* Byong G. Min, MD	IM	33080 Garfield Rd.		* Ruben Preide, MD	P
198 S Gratiot Ave		Fraser, MI 48026		67 Cass Ave. #711	
Mt Clemens, MI 48043		* Andrew S. Ogawa, MD	OPH	Mt. Clemens, MI 48043	
* Umedlal A. Mithani, MD	P	12500 Twelve Mile Rd		* Angelo Pugliesi, MD	GP
3853 Cooper St.		Warren, MI 48093		22480 Kelly Rd.	
Jackson, MI 49201		* Angel A. Ojeda, MD	OBG	East Detroit, MI 48021	
* Robert G. Mobley, MD	OPH	15921 E. Eight Mile Rd.		* Frank J. Pugliesi, MD	OBG
893 Bishop Lane		East Detroit, MI 48021		25869 Kelly Rd.	
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* Earl G. Moehn, MD	GS	35777 Van Dyke		Moufid Ragheb, MD	CD
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Mt. Clemens, MI 48043		* Robert W. Orzechowski, MD	IM	Bloomfield Hills, MI 48013	
* Mehdi A. Moghadam, MD	PD	27450 Schoenherr Rd.		* Samir M. Ragheb, MD	TS
18807 E 10 Mile Rd		Warren, MI 48093		11885 E. 12 Mile Rd.	
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Warren, MI 48093		* Moon-Ki Paik, MD	OBG	St. Clair Shores, MI 48081	
* Ponniah Mohan, MD	PD	28477 Hoover Rd.		* Gerald Rakotz, MD	FP
11446 13 Mile Rd. Ste. B		Warren, MI 48093		27450 Schoenherr Rd.	
Warren, MI 48093		* L. Pantig-Felix, MD	IM	Warren, MI 48093	
* Dong Y. Moon, MD	IM	6356 Parkview Ct.		* Edith V. Ravasz, MD	IM
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Richmond, MI 48062		* Harold C. Papson, MD	R	Mt. Clemens, MI 48045	
Coleman Mopper, MD	D	67 Cass Ave. Prof. X-Ray		* N. N. Reddi, MD	IM
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Birmingham, MI 48009		* Chan Kee Park, MD	OBG	Fraser, MI 48026	
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21099 Masonic Blvd.		Troy, MI 48098		16540 19 Mile Rd. #6	
St. Clair Shores, MI 48080		* Chanok H. Park, MD	IM	Mt. Clemens, MI 48044	
* Donald B. Muenk, MD	OPH	22201 Moross Rd. #180		* Sudarshan R. Reddy, MD	PS
8425 E. 12 Mile Rd. #222		Detroit, MI 48236		43191 Dalcoma Dr. #3	
Warren, MI 48093		* Leo Parnagian, MD	GS	Mt. Clemens, MI 48044	
* Donald B. Muir, MD	FP	43171 Dalcoma Dr.		* David G. Reed, MD	FP
69233 Brookhill		Mt. Clemens, MI 48044		71970 Campground Rd	
Romeo, MI 48065		* Peter P. Passamani, MD	OTO	Romeo, MI 48065	
* Gerald J. Mullan, MD	OPH	19501 E. Eight Mile Rd.		* William U. Reidt, MD	IM
21731 Greater Mack		St. Clair Shores, MI 48080		18285 Ten Mile Rd. #120	
St. Clair Shores, MI 48080		* Ghanshyam N. Patel, MD	IM	Roseville, MI 48066	
Atalay M. Murguz, MD	GS	67530 Main St.		* Renato C. Reyes, MD	AN
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Centerline, MI 48015		* Edward Pazuchowski, MD	FP	Bloomfield Hills, MI 48013	
* Joseph B. Naoum, MD	CD	28315 Harper		Lewis D. Rickman, MD	GP
133 S. Gratiot		St. Clair Shores, MI 480811687		158 Clemens St.	
Mt. Clemens, MI 48043		* Robert R. Peleman, MD	AN	Mt. Clemens, MI 48043	
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Sterling Heights, MI 48078		* Margaret M. Pierron, MD	PD	Warren, MI 48093	
* Marie C. Nowosielski, MD	IM	25815 Harper		* Jonathan M. Ross, MD	IM
390 Merriweather		St. Clair Shores, MI 48081		11012 13 Mile Rd.	
Grosse Pte. MI 48236		* Michael H. Piper, MD	GE	Warren, MI 48093	
		11012 E. 13 Mile Rd.			

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* Michael Rottman, MD 6706 Torybrooke Circle West Bloomfield, MI 48322	IM	Lawrence F. Sheppard, MD 1175 Blue Bird Dr. Rochester Hills, MI 48307	PD	Masamichi Suzuki, MD 38600 Van Dyke Ave. #130 Sterling Heights, MI 48077	OBG
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* Lilya Rudoi, MD 29135 Ryan Rd. Ste. B Warren, MI 48092	N	* Gerald Sherman, MD 4415 Metro Parkway Sterling Heights, MI 48310	OTO	* Akemi Takekoshi, MD 03191 Dalcorna Dr. #1 Mt. Clemens, MI 48044	N
* Ruth A. Rydstedt, MD 133 S. Gratiot Ste. D Mt. Clemens, MI 48043	IM	* Marvin Shulman, MD 43211 Dalcorna Dr. #3 Mt. Clemens, MI 48044	OPH	* Violeta Tanafranca, MD 36300 Van Dyke Sterling Heights, MI 48312	PD
* Ronald J. Sables, MD 22050 Greater Mack St. Clair Shores, MI 48080	ORS	* Jeffrey M. Shuster, MD 39092 Garfield #203 Mt. Clemens, MI 48044	D	* Barbara C. Tess, MD 29498 Terrace Court Dr. Warren, MI 48093	FP
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* Ariston C. Sandoval, MD 43391 Commons Dr. Mt. Clemens, MI 48044	AN	* Milton F. Simmons, MD 12640 E. 12 Mile Rd. Warren, MI 48093	FP	* David L. Thomson, MD 7924 Woodingham West Bloomfield, MI 48322	END
* Andres G. Santiviago, MD 11012 E. 13 Mile Rd., #21 Warren, MI 48093	OBG	* P. Singaracharl, MD 43151 Dalcorna Dr. #3 Mt. Clemens, MI 48044	IM	* Bernard L. Toft, MD 39150 Dequindre #100 Sterling Heights, MI 48310	PDA
* Carl J. Sarnacki, MD 8425 12 Mile Rd., East Warren, MI 48093	OBG	Nelson Singer, MD 15751 Charles R East Detroit, MI 48021	GP	* Michael E. Tofteland, MD 43251 Commons Dr. Mt. Clemens, MI 48044	ORS
* Gehring T. Sauter, MD 67 Cass Ave. Prof. X-Ray Mt. Clemens, MI 48043	R	* Graciano F. Singson, MD 11250 E. 13 Mile Rd. Warren, MI 48093	OBG	Edward G. Tracy, MD 5901 Whitfield Dr. Troy, MI 480985101	R
* Dale C. Scarlett, MD 99 Elm Park Pleasant Ridge, MI 48069	IM	* Scott I. Sircus, MD 28111 Hoover Rd. Warren, MI 48093	U	* David J. Transue, MD 11885 E. 12 Mile Rd. #100 Warren, MI 48093	PD
* Judith B. Scharenberg, MD 33080 Utica Rd. Fraser, MI 48026	OPH	* William D. Smyka, MD 16413 Manchester East Detroit, MI 48021	PD	* Steven D. Trombly, MD 11012 E 13 Mile Rd #210 Warren, MI 48093	GP
Sydney Scher, MD P.O. Box 17180 Fountain Hills, AZ 85269	GS	* Gail D. Soo Hoo-Williams, MD 16301 19 Mile Rd. Mt. Clemens, MI 48044	PM	* Kenneth F. Tucker, MD 11012 E. 13 Mile Rd. Warren, MI 48093	IM
* R. H. Schiappacasse, MD 12916 Easton Ct. Shelby Twp. MI 48315	IM	* James B. Stanton, MD 319 N. Gratiot Ave. Mt. Clemens, MI 48043	ORS	* William R. Urbancic, MD 22790 Kelly Rd. East Detroit, MI 48021	GP
* Alfred J. Schneider, MD 43351 Commons Dr. Mt. Clemens, MI 48044	GS	* Morris Starkman, MD 28477 Hoover St. Warren, MI 48093	PD	* R. V. Utarnachitt, MD 43555 Dalcorna Dr. #5 Mt. Clemens, MI 48044	IM
Wayne R. Scott, MD 53299 Sherwood Lane Shelby Twp. MI 48315	OBG	Eugene Steinberger, MD 36300 Van Dyke Sterling Heights, MI 48077	IM	* Ethel L. Villanueva, MD 37300 Dequindre #108 Sterling Heights, MI 48310	PD
* Mahmoud M. Selim, MD 28111 Hoover 1-A Warren, MI 48093	OTO	* Gary W. Stencel, MD 48680 Van Dyke Utica, MI 48087	FP	* Renato A. Villanueva, MD 43361 Commons Dr Mt. Clemens, MI 48044	AN
* Jayant I. Shah, MD 15855 19 Mile Road Mt. Clemens, MI 48043	PTH	Julius Stone, MD 198 S. Gratiot Mt. Clemens, MI 48043	D	* John A. Vollmer, MD 25599 Kelly Rd. Roseville, MI 48066	FP
* Richard J. Sharon, MD 22811 Mack #205 St. Clair Shores, MI 48080	IM	* Richard A. Stone, MD 198 S. Gratiot Mt. Clemens, MI 48043	D	* Robert Waldmann, DO 43555 Dalcorna Dr. Mt. Clemens, MI 48044	HEM
* Jack M. Shartsis, MD 11012 E. 13 Mile Rd. #103 Warren, MI 48093	GE	* Gloria M. Strutz, MD 4877 Stamford Dr. West Bloomfield, MI 48033	EM	* Lacey Walke, MD 11012 E 13 Mile Rd #208 Warren, MI 48093	GS
* Ezra S. Shaya, MD 31170 Hoover	GS	* Stephen A. Stuppler, MD 28111 Hoover Rd. Warren, MI 48093	U	Albert A. Wallaert, MD 22400 Gratiot	P

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Macomb (126)/ Manistee (130)/ Marquette (134)

East Detroit, MI 48021		St. Clair Shores, MI 48080		* James R. Addison, MD	EM
* Richard L. Watnick, MD	OPH	Margaret Z. Zolliker, MD	PD	420 W. Magnetic St.	
25650 Kelly Rd.		1708 Woodcliff Dr.		Marquette, MI 49855	
Roseville, MI 48066		Dunwoody, GA 30338		* William G. Addison, MD	OBG
* K. A. Weinberger, MD	RHU	Alex Zotovas, MD	DR	1414 W. Fair Ave.	
11012 E. 13 Mile Rd. #103		4450 Gulf Blvd. #310		Marquette, MI 49855	
Warren, MI 48093		St. Petersburg Beach, FL 33706		* Busharat Ahmad, MD	OPH
* David S. Weingarden, MD	PM	* Norman Zucker, MD	OPH	1414 W. Fair Ave.	
15855 19 Mile Rd.		28627 Hoover		Marquette, MI 49855	
Mt. Clemens, MI 48044		Warren, MI 48093		* Constance G. Arnold, MD	PS
* Charles J. Weingarten, MD	U			Marquette Medical Center	
11012 E. 13 Mile Rd. #110				1414 W. Fair Avenue	
Warren, MI 48093				Marquette, MI 49855	
Jack I. Weiss, MD	GP			* Daniel J. Arnold, MD	IM
3073 Woodland Ridge Dr.		* Eduardo V. Barlan, MD	GS	1414 W. Fair Ave. #209	
West Bloomfield, MI 48033		P.O. Box 637		Marquette, MI 49855	
* Alan H. Weitenberner, MD	FP	Manistee, MI 49660		* Henry J. Barsch, MD	U
11885 E. 12 Mile Rd.		* Theodore N. Batzer, MD	IM	1414 W. Fair Ave.	
Warren, MI 48093		P.O. Box 458		Marquette, MI 49855	
Dieter Wendling, MD	OTO	Manistee, MI 49660		* Daniel J. Beaver, MD	FP
P.O. Box 159		* Leroy A. Futterer, MD	IM	321 E. Hewitt	
Manistique, MI 49854		310 9th St.		Marquette, MI 49855	
* Edward L. Weng, MD	GS	Manistee, MI 49660		* Boris M. Beckert, MD	FP
43421 Garfield #12		* Paul T. Gunderson, MD	PD	1414 W. Fair Ave. #36	
Mt. Clemens, MI 48044		326 First St.		Marquette, MI 49855	
* David A. White, MD	FP	Manistee, MI 49660		* Cary M. Bjork, MD	
36300 Van Dyke		* Vickers C. Hansen, MD	ORS	1414 W. Fair Ave. #209	
Sterling Heights, MI 48077		1400 E. Parkdale Ave.		Marquette, MI 49855	
* Christina L. Winder, MD	FP	Manistee, MI 49660		* Gail P. Brayden, MD	CD
42645 Garfield		* Ronald R. Joannette, MD	OBG	1414 W. Fair Ave. #225N	
Mt. Clemmens, MI 48044		3020 N. Crystal Dr.		Marquette, MI 49855	
* Henry J. Winkler, Jr., MD	GP	Beulah, MI 49617		* Adam Brish, MD	NS
29240 Grandview		* Daniel D. Joseph, MD	GP	1414 W. Fair Ave.	
Mt. Clemens, MI 48043		8288 Portage St		Marquette, MI 49855	
Ervin Wolf, MD	OBG	Onekama, MI 49675		* Richard E. Bruner, DO	FP
56 Breitmeyer Place		Richard L. Novack, MD	GS	209 Range St.	
Mt. Clemens, MI 48043		3724 Shoreline Dr.		Manistique, MI 49854	
* Walter R. Woodhouse, MD	FP	Lupton, MI 48635		* Randall O. Card, MD	FP
35521 23 Mile Rd.		* Roger D. Paterson, MD	FP	1414 W. Fair Ave. #36	
New Baltimore, MI 48047		310 9th St. P.O. Box 397		Marquette, MI 49855	
William C. Wyte, MD	GS	Manistee, MI 49660		* Michael P. Cardoni, MD	IM
174 S. Collier Blvd.		* Charles J. Poposki, MD	OPH	1414 W. Fair Ave.	
Princess del Mar #1206		10 Atkinson Dr.		Marquette, MI 49855	
Marco Island, FL 33937-4333		Ludington, MI 49431		Rankin L. Carefoot, MD	CLP
Ken Yamasaki, MD	GS	* Mohammad J. Ranginwala, MD	IM	200 Roman Dr.	
P.O. Box 326		1237 E. Parkdale Ave.		Traverse City, MI 49684	
Bloomfield Hills, MI 48303		Manistee, MI 49660		Wayne B. Carlson, MD	FP
* Jer-Fu Yeh, MD	ORS	Kenneth G. Rosenow, MD	OBG	829 Croix St.	
43411 Garfield Suite D		715 Cedar Street		Negaunee, MI 49866	
Mt. Clemens, MI 48044		Manistee, MI 49660		* Cleofe J. Chavez, MD	PD
* Tae Sik Yook, MD	PTH	* Raymond E. Schmoke, MD	IM	1414 W. Fair Ave.	
St. Joseph Hosp.-Clinton		1400 E. Parkdale Ave. #4		Marquette, MI 49855	
15855 19 Mile Rd.		Manistee, MI 49660		* Prayad Chayapruks, MD	IM
Mt. Clemens, MI 48044		* Donald N. Schwing, MD	GS	105 Chippewa Dr.	
* Mark N. Zacks, MD	IM	310 Ninth St.		Negaunee, MI 49866	
11670 Martin		Manistee, MI 49660		* Radha V. Chintamaneni, MD	PD
Warren, MI 48093		John J. Vrbanc, MD	EM	97 S. Fourth St.	
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3058 Metropolitan Pkwy. #		Hart, MI 49420		* Michael K. Conley, MD	OBG
Sterling Heights, MI 48310		* David A. Wild, MD	FP	1414 W. Fair Ave. #249	
* Abdallah E. Zamaria, MD	P	1400 E. Parkdale Ave. #1		Marquette, MI 49855	
24001 Greater Mack #C		Manistee, MI 49660		* Joseph M. Cools, MD	P
St. Clair Shores, MI 48080				220 W. Washington #420	
Dan Zavela, MD	GS			Marquette, MI 49855	
679 N. Renaud Rd.				* Mark D. Cowan, MD	IM
Grosse Pte Woods, MI 48236				1414 W. Fair Ave. #238	
* Robert A. Zink, MD	PD			Marquette, MI 49855	
25815 Harper				* J. Michael Coyne, MD	PM

Manistee (130)

Marquette (134)

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Marquette (134)

21 E. Nicolet Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		Marquette, MI 49855	
* Steven J. Danek, MD	PUD	* Jon M. Himes, MD	NEP	* Steven D. Larson, MD	EM
1414 W. Fair Ave. Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		420 W. Magnetic Marquette, MI 49855	
* Kenneth A. Davenport, MD	ORS	* Frederick P. Hoenke, MD	FP	* Peter A. Lassing, MD	DR
1414 W. Fair Ave. Marquette, MI 49855		1414 W. Fair Ave. #36 Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855	
* Robert C. Dell Angelo, MD	OPH	Daniel P. Hornbogen, MD	OPH	* Thomas D. Legalley, MD	CD
97 S. Fourth St. Ishpeming, MI 49849		320 Cedar St. Marquette, MI 49855		1 Marquette Drive Marquette, MI 49855	
* Philip R. Dennis, MD	GS	* William C. Humphrey, MD	FP	* Kurt W. Lehmann, MD	PD
1414 W. Fair Ave. Marquette, MI 49855		829 Croix St. Negaunee, MI 49866		524 Mather Ave. #2 Ishpeming, MI 49849	
* Prakash R. Dhadphale, MD	AN	* Alan F. Hunter, MD	TS	* John L. Lehtinen, MD	FP
Marquette Gen Hosp/Dept A 420 W. Magnetic Street Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		1414 W. Fair Ave. #36 Marquette, MI 49855	
* John A. Diddams, MD	OTO	* Eric J. Ittner, MD	FP	* Larry S. Lewis, MD	GS
1414 W. Fair Ave. Marquette, MI 49855		1414 W Fair Ave. #36 Marquette, MI 49855		1414 W. Fair Ave. #230N Marquette, MI 49855	
* Carl F. Eiben, MD	PM	* Frederick P. Jaecklein, MD	IM	* Martinus J. Lexmond, MD	GS
1414 W. Fair Ave. #156 Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		524 Mather Ave. Ishpeming, MI 49849	
* Karen L. Eldevick, MD	FP	Robert G. Jaedecke, MD	GS	* Eric T. Lincke, MD	GS
1414 W. Fair #36 Marquette, MI 49855		925 S. Camino del Monte Green Valley, AZ 85614		1414 W. Fair Ave. Marquette, MI 49855	
* Kristin K. Elliott, MD	FP	* Paul L. Jensen, MD	PS	Janice A. Lindstrom, MD	N
1414 W. Fair Ave. #36 Marquette, MI 49855		1414 W. Fair Ave. #230 Marquette, MI 49855		P.O. Box 7055 Marquette, MI 49855	
Donald R. Elzinga, MD	ORS	Joel A. Johnson, MD	TS	* Robert J. Lorinser, MD	FP
1010 Allouez Marquette, MI 49855		1414 W. Fair Ave. #206 Marquette, MI 49855		1414 W. Fair Ave. #36 Marquette, MI 49855	
* Thomas S. Emerson, MD	EM	* Randall M. Johnson, MD	PH	* Frank J. Lorsche, MD	IM
420 W. Magnetic Marquette, MI 49855		184 US Hwy. 41 East Health Department Negaunee, MI 49866		1414 W. Fair Ave. Marquette, MI 49855	
* John W. English, MD	IM	* Judd C. Johnston, MD	PTH	* James R. Lovell, MD	OBG
1414 W. Fair Ave. Marquette, MI 49855		P.O. Box 595 Ishpeming, MI 49849		1414 W. Fair Ave. Marquette, MI 49855	
* Glen D. Enzenberger, DO	FP	Elizabeth D. Kane, MD	CHP	Paul M. Lucas, MD	P
1414 W. Fair Ave. Marquette, MI 49855		2920 23rd Ave., N Escanaba, MI 49829		2001 Huntington Marquette, MI 49855	
* Donald C. Fahrback, MD	FP	Michael G. Keeker, MD	FP	* David M. Luoma, MD	FP
Sand Point Rd. Munising, MI 49862		1414 W. Fair Ave. #36 Marquette, MI 49855		1414 W Fair Ave. #36 Marquette, MI 49855	
* Jeffrey F. Gephart, MD	ID	* James B. Keplinger, MD	GS	James W. Lyons, MD	ORS
Marquette General Hosp. 420 W. Magnetic Street Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		4529 Crystal Drive Beulah, MI 49617	
* Michael S. Grossman, MD	FP	* Kirk R. Klemme, MD	EM	* Curtis C. Marder, MD	VS
829 Croix St. Negaunee, MI 49866		416 Spruce Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855	
* Pratap C. Gupta, MD	N	Harry Koenig, MD	OPH	* Martin H. Matthews, MD	PTH
1414 W Fair Ave Marquette, MI 49855		770 Mather St. Ishpeming, MI 49849		420 W Magnetic St. Marquette, MI 49855	
* Carl F. Hammerstrom, MD	IM	* John P. Kosinski, MD	GS	Norman L. Matthews, MD	PD
1414 W. Fair Ave. Marquette, MI 49855		1414 W. Fair Ave. #230n Marquette, MI 49855		807 W. Kaye Ave. Marquette, MI 49855	
* Daniel D. Hardie, MD	FP	* John G. Kublin, MD	OPH	* Miles J. Mattson, MD	U
708 Chippewa Square Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855	
Karl L. Helwig, MD	PTH	Warren C. Lambert, MD	OBG	* Daniel S. Mazzuchi, MD	IM
County Road #480 Box 479 Marquette, MI 49855		347 E. Ridge St. Marquette, MI 49855		310 W. Washington St. #30 Marquette, MI 49855	
* James J. Heron, MD	FP	* Ethelbert M. Lara, MD	DR	* Robert D. Mc Elhaney, MD	P
420 W. Magnetic Marquette, MI 49855		1414 W. Fair Ave. Marquette, MI 49855		1414 W. Fair Ave. #138 Marquette, MI 49855	
* Dennis A. Herzog, MD	D	* Violeta P. Lara, MD	AN	* Myrna R. Meneses, MD	A
		39 Oak Hill Drive		15 Grove Hill Ct. Marquette, MI 49855	

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Marquette (134)/ Mason (138)

* James H. Mering, III, MD 1414 W. Fair Ave. Marquette, MI 49855	U	* Richard A. Rovin, MD 1805 Harbour View Dr. Marquette, MI 49855	NS	* Richard L. Tomacari, DO 362 S. Francis Mine Dr. Gwinn, MI 49841	IM
* Lynn E. Miller, MD 1414 W. Fair Ave. Marquette, MI 49855	P	* Thomas G. Rumney, MD 1414 W. Fair Ave. Marquette, MI 49855	ORS	* Lori-Ann P. Torreano, MD 221 E. Yeck St. Negaunee, MI 49866	FP
* Debra J. Morley, MD 1414 W. Fair Ave. #138 Marquette, MI 49855	N	* Connie L. Ryan, MD 1414 W. Fair Ave. #249 Marquette, MI 49855	OBG	* John S. Troiani, MD 50 Elders Drive Marquette, MI 49855	PD
Thomas J. Mudge, MD 122 CR-550 Marquette, MI 49855	GS	* Arthur F. Saari, MD 1414 W. Fair Ave. #251 Marquette, MI 49855	PUD	* Benjamin T. Ulep, MD 226 Jean St. Marquette, MI 49855	FP
William A. Mudge, Jr., MD 904-A Garfield Marquette, MI 49855	IM	Fred C. Sabin, MD 321 Cedar St. Marquette, MI 49855	OPH	* Hendrikk C. Van Den Ende, MD 1306 Logan Marquette, MI 49855	FP
* Jerold S. Napier, MD 1414 W. Fair Ave. #205 Marquette, MI 49855	IM	* Thomas W. Schacht, MD 1507 Garfield Ave. Marquette, MI 49855	IM	* Richard E. Vermeulen, MD 1414 W. Fair Ave. #119 Marquette, MI 49855	PM
Archie S. Narotzky, MD 736 Mather Ave. Ishpeming, MI 49849	GS	* Aaron P. Scholnik, MD 1414 W. Fair Ave. Marquette, MI 49855	ON	* John D. Weiss, MD 420 W. Magnetic St. Marquette, MI 49855	PTH
* Jan A. Neal-Cools, MD 1414 W. Fair Ave. #138 Marquette, MI 49855	P	Sara D. Schweinsberg, MD 1200 N. Wright St. Alma, MI 48801	OPH	* Francis P. Welsh, MD 1414 W. Fair Ave. Marquette, MI 49855	IM
* Jonathon M. Neufeld, MD 1414 W. Fair Ave. Marquette, MI 49855	FP	* Charles D. Schwindt, MD 1414 W. Fair Ave. Marquette, MI 49855	ORS	Kenneth C. Wright, MD 422 E. Ohio Marquette, MI 49855	IM
* G. Michael Nidiffer, MD 1414 W. Fair Ave. Marquette, MI 49855	PD	* Satish J. Shah, MD Marquette Gen. Hosp. Rad. 420 W. Magnetic Street Marquette, MI 49855	R		
* Walter R. Olson, MD Medical Center Sand Point Road Munising, MI 49862	GS	* Douglas D. Sherck, MD HCR Box 217D Mohawk, MI 49950	FP		
* Emeka S. Oraka, MD 22 Deer Lake Rd. Ishpeming, MI 49849	R	* William M. Short, MD 1414 W. Fair Ave. Marquette, MI 49855	FP	Ruth V. C. Carney, MD 42 Long Reach Salem, NC 29676	FP
* John M. Pap, MD 1414 W. Fair Ave. #238 Marquette, MI 49855	IM	* Teofilo L. Sia, MD 1414 W. Fair Ave. Marquette, MI 49855	R	* Austin G. Craymer, MD 11 E. Merchant New Buffalo, MI 49117	GP
* Wallace G. Pearson, MD 1414 W. Fair Ave. Marquette, MI 49855	OBG	* Randolph E. Smith, MD 420 W. Magnetic Marquette, MI 49855	PTH	Christie E. Davis, MD 6621 W. Decker Rd. Ludington, MI 49431	PTH
* David A. Pesola, MD 2002 Huntington Marquette, MI 49855	IM	* Milton D. Soderberg, MD 1414 W. Fair Ave. Marquette, MI 49855	D	* Donn M. Dougherty, MD 1000 Lawndale St. Ludington, MI 49431	FP
* David O. Peterson, MD 710 Chippewa Square Marquette, MI 49855	AN	* Matthew N. Songer, MD 1414 W. Fair Ave. #149 Marquette, MI 49855	ORS	* Thomas S. Dunstan, MD 5793 W. Johnson Rd. Ludington, MI 49431	ORS
* Kevin L. Piggott, MD 1414 W. Fair Ave. #36 Marquette, MI 49855	FP	* Mark C. Stevens, MD 708 Chippewa Square Marquette, MI 49855	FP	* James P. Eisenberg, MD Memorial Medical Ctr. One Atkinson Drive Ludington, MI 49431	R
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* Chintamaneni B. Rao, MD 97 S. 4th St. Bell Medical Center Ishpeming, MI 49849	PD	* Craig G. Stien, MD 411 E. Arch Marquette, MI 49855	OTO	* David Z. Gadzinski, MD 126 W. Ludington Ludington, MI 49431	FP
* Licia L. Raymond, MD 1414 W. Fair Ave. Marquette, MI 49855	OBG	Charles R. Strancke, MD 410 Strategic Hosp. Flight Surgeon Office KI Sawyer, MI 49843	EM	Robert R. Garneau, MD 602 N. Lakeshore Dr. Ludington, MI 49431	R
* David M. Reed, MD 109 S. Front St. Marquette, MI 49855	P	* L. N. Swamy, MD 540 E. Division St. Ishpeming, MI 49849	CD	* Margaret E. Gustafson, MD 10 Atkinson Dr. Ludington, MI 49431	OBG
* Louis Rosenbaum, MD 524 Mather St. Ishpeming, MI 49849	FP	* James F. Tobin, MD 97 S. 4th P.O. Box 407 Ishpeming, MI 49849	OBG	* Kenneth C. Hill, MD 10 Atkinson Dr.	PD

Mason (138)

* John R. Carney, MD 42 Long Reach Salem, NC 29676	FP
Ruth V. C. Carney, MD 42 Long Reach Salem, NC 29676	FP
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Christie E. Davis, MD 6621 W. Decker Rd. Ludington, MI 49431	PTH
* Donn M. Dougherty, MD 1000 Lawndale St. Ludington, MI 49431	FP
* Thomas S. Dunstan, MD 5793 W. Johnson Rd. Ludington, MI 49431	ORS
* James P. Eisenberg, MD Memorial Medical Ctr. One Atkinson Drive Ludington, MI 49431	R
* Robert M. Feldpausch, Jr., MD One Atkinson Dr. Ludington, MI 49431	DR
* David Z. Gadzinski, MD 126 W. Ludington Ludington, MI 49431	FP
Robert R. Garneau, MD 602 N. Lakeshore Dr. Ludington, MI 49431	R
* Margaret E. Gustafson, MD 10 Atkinson Dr. Ludington, MI 49431	OBG
* Kenneth C. Hill, MD 10 Atkinson Dr.	PD

* Asterisk beside name denotes AMA membership

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* Joslyn M. Hubacher, DO	FP	722 Locust Big Rapids, MI 49307		* Joseph M. Wolschleger, MD	IM
126 W. Ludington Ave. Ludington, MI 49431		* William F. Dubois, MD	FP	204 Fuller Big Rapids, MI 49307	
* Philip J. Kapsos, MD	AN	8513 100th Ave. Stanwood, MI 49346			
601 E. Ludington Ave. Ludington, MI 49431		* Frederick C. Guenther, MD	OBG	Menominee (146)	
* Michael S. Kennedy, MD	ORS	722 Locust Big Rapids, MI 49307		Herman R. Brukardt, MD	GP
902 E. Ludington Ave. Ludington, MI 49431		Leland A. Hickox, MD	FP	2105 30th Ave. Menominee, MI 49858	
* Kang H. Lee, MD	OBG	619 Cypress Big Rapids, MI 49307		* Vernette M. Carlson, MD	FP
10 Atkinson Dr. Ludington, MI 49431		* Majed Jandali, MD	GS	Daggett Medical Clinic School Road/P.O. Box 37 Daggett, MI 49821	
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806 Russell St. Ludington, MI 49431		* Anthony S. Keller, MD	R	1522 First St. Menominee, MI 49858	
Warren R. Mullen, MD	EM	9321 W. Circle Dr. Stanwood, MI 49346		Francis J. Dewane, MD	FP
177 Dover Box 143 Pentwater, MI 49449		Edward H. Kowaleski, MD	FP	1409 7th St. Menominee, MI 49858	
* Allan D. Nelson, MD	FP	209 W Wheatland Ave Remus, MI 49340		* Paul A. Haupt, DO	GP
P.O. Box 619 Pentwater, MI 49449		Norman V. Lincoln, MD	GP	1100 Tenth St. Menominee, MI 49858	
* Charles R. Pollard, MD	FP	Rte #1, Box 194 Reed City, MI 49677		William S. Jones, Jr., MD	OTO
1005 E. Ludington Ave. Bo Ludington, MI 49431		* Howard L. Mahabeer, MD	PD	1834 First St. Menominee, MI 49858	
A. J. N. Schneider, MD	P	225 North State Rd. Reed City, MI 49677		* Martha A. Tillson, MD	PTH
502 W. Tinkham Ludington, MI 49431		* Kathryn L. Mekar, MD	OBG	1110 10th Ave. Menominee, MI 49858	
* Stanley L. Seufferer, DO	P	722 Locust Big Rapids, MI 49307			
202 N. Park Ludington, MI 49431		* Michael R. Mekar, MD	PD	Montmorency (150)	
* William F. Sutter, MD	GP	415 Mecosta Ave. Big Rapids, MI 49307		* John S. Ammond, MD	FP
220 S. James St. Ludington, MI 49431		Frank A. Merlo, MD	AN	2116 W. M-55 Hwy. West Branch, MI 48661	
* Kenneth M. Tewel, MD	OPH	418 Winter Big Rapids, MI 49307		* James D. Bash, DO	FP
218 E. Ludington Ludington, MI 49431		* Edward B. Miedema, MD	U	2331 Progress St. West Branch, MI 48661	
* Nizar A. Umran, MD	GS	123 S. Warren Big Rapids, MI 49307		* Theodore A. Bash, DO	FP
12 Atkinson Drive Ludington, MI 49431		William W. Moon, MD	PH	P.O. Box 423 West Branch, MI 48661	
Girard Veenschoten, MD	GP	1950 E. 24th St. #131 Yuma, AZ 85365		Stanley M. Beck, MD	PD
281 Borden Dr. Battle Creek, MI 49017		* Keith J. Newell, MD	FP	425 Quail Run Middletown, OH 45042	
* Desmond P. Waters, MD	GP	Ferris State Univ. Hlth. 901 S. State Street Big Rapids, MI 49307		* Alan D. Bersted, MD	EM
111 E. Court Ave. Ludington, MI 49431		* David C. Nolan, MD	IM	Shaw Rd. Rte #2 Box 2290A Grayling, MI 49738	
* Timothy R. Woltanski, MD	FP	Dist 5 Hlth. Dept. Box 83 White Cloud, MI 49349		Vernon B. Blaha, MD	GS
202 N. Thomas P.O. Box 1 Scottville, MI 49454		* Darrell J. Potter, MD	ORS	2453 Easy St Port Charlotte, FL 33952	
Mecosta (142)		201 Linden P O Box 1135 Big Rapids, MI 49307		* Warren D. Bontrager, MD	FP
* Elizabeth H. Adamson, MD	AN	* Daniel Triezenberg, MD	FP	1260 S. Morenci Box 699 Mio, MI 48647	
19110 Arrowhead Ln. Big Rapids, MI 49307		413 Mecosta Ave. Big Rapids, MI 49307		* Warren E. Bontrager, MD	GP
* Russell E. Anderson, MD	GP	Edward W. Van Auken, MD	GP	P.O. Box 9 Mio, MI 48647	
225 State St Reed City, MI 49677		Milton Road RFD #4 Big Rapids, MI 49307		* Roy W. Boyer, MD	IM
* Jeriel A. Beard, MD	GS	* Peter S. Van De Mark, MD	IM	847 N. Center St. #3 Gaylord, MI 49735	
415 Mecosta Ave. Big Rapids, MI 49307		415 Mecosta Ave. Big Rapids, MI 49307		* Donald D. Burkley, MD	FP
* Jerome A. Conrad, MD	ORS	415 Mecosta Big Rapids, MI 49307		1010 County Road Grayling, MI 49738	
413 Mecosta Big Rapids, MI 49307		James E. Walters, MD	AN	* Jeffrey K. Chaulk, MD	OPH
* Ralph P. Crew, DO	OPH	3516 Sunrise Drive Sebring, FL 33872		847 N. Center Gaylord, MI 49735	
415 Mecosta Big Rapids, MI 49307		Earl R. Williams, MD	FP		

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Montmorency (150)/ Midland (154)

* Jay D. Collins, MD 117 S. Burgess West Branch, MI 48661	GS	* David L. Olson, MD 825 N. Center St. #3 Gaylord, MI 49735	FD	* Adelto N. Adan, MD 4007 Orchard, Ste 2800 Midland, MI 48640	IM
* William H. George, MD 520 Cobb St. Cadillac, MI 49601	IM	Charles L. Oppy, MD P.O. Box 575 Roscommon, MI 48653	GP	* Munawar Ahmad, MD 2726 N. Saginaw Rd. Midland, MI 48640	P
* Charles L. Gosling, MD Family Practice Clinic Rt 1010 W. County Road Grayling, MI 49738	FP	* Laura B. Prescott, MD Tolfree Medical Ctr. West Branch, MI 48661	IM	* Jeffrey L. Allen, MD 4005 Orchard Dr. Midland, MI 48640	FP
* Nestor M. Guno, MD P.O. Box 1238 126 Shipp St. Gaylord, MI 49735	GS	* Clark E. Pritts, DO 575 Court St. West Branch, MI 48661	FP	* Michael P. Bartlett, MD 4005 Orchard Dr. Midland, MI 48640	DR
* James R. Hall, MD Tolfree Hosp. - Dept. of 335 E. Houghton West Branch, MI 48661	PTH	* Ernesto B. Quiachon, MD 6506 Foothills Trail R7 P.O. Box 729, Gaylord, MI 49735	PTH	* James S. Bicknell, MD 2300 Deer Valley Midland, MI 48640	EM
* Debra J. Hamburg, MD 9294 Chase Bridge Rd. Roscommon, MI 48653	GS	* Kolandaivelu Ramaswamy, MD P.O. Box 434 Grayling, MI 49738	GS	Robert T. Blackhurst, MD P.O. Box 511 Midland, MI 48640	OPH
Benjamin E. Henig, MD 13 Sally Port Rd. Hilton Head Island MI49928	GS	* Tomlin C. Rosi, MD P.O. Box 605 Grayling, MI 49738	GS	* David B. Bosscher, DO 4005 Orchard Dr. Midland, MI 48640	FP
* Terry D. Howell, MD 420 W. Russell St. Saline, MI 48176	IM	* Richard D. Rusak, MD 11394 E. Gladwin Rd. Gladwin, MI 48624	FP	* Frederick E. Brenner, MD Dow Chemical Co. 607 Bldg Midland, MI 48667	OM
* Charles N. Iknayan, MD P.O. Box 1216 Gaylord, MI 49735	PTH	G L. Schaiberger, Sr., MD 1675 Placita Peseta Green Valley, AZ 85614	GS	Robert G. Bridge, MD 1111 W. Sugnet Midland, MI 48640	IM
* Charles C. Johnson, DO 459 S. Quarter - P.O. Bo Gladwin, MI 48624	FP	* Sang K. Shin, MD 1200 N. Down River Rd. Bo Grayling, MI 49738	OBG	* William R. Brooks, Jr., MD 4007 Orchard Dr. #2002B Midland, MI 48640	FP
* James M. Johnson, MD 2240 S. Airport Rd. Traverse City, MI 49684	EM	* Sambamurti Srinivasan, MD 405 W. Third St. P.O. Box 338 Gladwin, MI 48624	GS	* Robert S. Brown, MD 4009 Orchard Dr. Midland, MI 48640	GS
* George E. Kieler, MD P.O. Box 545 Roscommon, MI 48653	GP	Ralph S. Steffe, MD Rte. #2 BOC 2455 Grayling, MI 49738	OBG	Dan J. Bulmer, MD 2200 Bayliss St. #22 Midland, MI 48640	GS
* Kwang-Sung Kim, MD Otsego Memorial Hospital 825 North Center Gaylord, MI 49735	DR	* Barbara Ann Supanich, MD 9249A W. Lake City Rd. Houghton Lake, MI 48629	FP	* Paul J. Burns, MD 7340 Midland Rd. Freeland, MI 48623	FP
* Karen S. Koby Olson, MD 3068 Wilkinson Rd Box 244 Gaylord, MI 49735	PD	Harold A. Timreck, MD 1302 Chatterton Box 688 Gladwin, MI 48624	GER	Raymond C. Bush, MD 3806 Wrenwood Midland, MI 48640	AN
* Walter C. Leibold, MD 2339 Progress Ste. A West Branch, MI 48661	GS	* Howard E. Van Oosten, MD 4292 W. Lakeside Dr. West Branch, MI 48661	GP	* Herbert L. Camp, MD P.O. Box 1446 Midland, MI 48640	OTO
* Irineo C. Matias, MD 429 N. Center Gaylord, MI 49735	GS	* Kandarp K. Vora, MD P.O. Box 309 Gladwin, MI 48624	FP	* Harvey N. Chapin, MD 2726 N. Saginaw Rd. Midland, MI 48640	P
* William H. McNamara, MD Fam. Prac. Clinic Route 2 1010 W. County Road Grayling, MI 49738	FP	* Kim Waterfall, MD P.O. Box 983 Gaylord, MI 49735	FP	Maynard B. Chenoweth, MD 3066 E. Gordonville Rd. Midland, MI 48640	
* Barbara K. Miller, MD P.O. Box 702 Gladwin, MI 48624	GS	* Mark D. Weber, MD 2333 Progress St. C West Branch, MI 48661	ORS	* L. C. Christensen, MD 594 E. Wheeler Midland, MI 48640	U
* Jin K. Moon, MD 617 N. Court St. Gaylord, MI 49735	OBG	Lloyd T. Wiegierink, MD 2118 State Rd. West Branch, MI 48661	FP	* William S. Cline, MD 4007 Orchard #1100 Midland, MI 48640	IM
* Lynn P. Nevin, MD 9249-A W. Lake City Rd. Houghton Lake, MI 48629	FP	* Robert M. Williams, MD P.O. Box 498 Harbor Springs, MI 49740	EM	* Ralph R. Cook, MD Dow Medical Bldg. 1803 Midland, MI 48640	OM
Richard E. Olsen, MD Maplewood Manor #11 Mio, MI 48647	FP			* William H. Dery, MD 4007 Orchard Dr. Midland, MI 48640	FP
				* Praful C. Desai, MD 4005 Orchard Dr. Midland, MI 48640	R
				* Richard B. Drimala, MD	FP

Midland (154)

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Midland (154)

2509 Jamestown Midland, MI 48640		4011 Orchard, Ste 2004 Midland, MI 48670		Midland, MI 48670	
Dale J. Ducommun, MD	GPM	Benjamin B. Holder, MD	OM	* Margueritte H. Kuhn, MD	OBG
1905 Brookfield Dr. Midland, MI 48642		224 Madrid Blvd. Punta Gorda, FL 33950		222 N. Saginaw, Midland, MI 48640	
* John C. Eckhold, Jr., MD	ORS	* Frederick R. Holland, MD	GP	* Harold A. Kwast, MD	CD
555 W. Wackerly Rd. #2600 Midland, MI 48640		1881 E. Chippewa River Rd Midland, MI 48640		4100 Orchard Dr. Midland, MI 48640	
Ronald D. Egedahl, MD	OM	* James Hood, MD	IM	* John M. Lanham, MD	FP
607 Bldg. - Dow Chemical Midland, MI 48640		4007 Orchard #3031 Midland, MI 48640		Dow Chemical Co. Bldg.180 Midland, MI 48640	
Ruth M. Ellis, MD	OBG	* James Derek Hood, MD	R	* Robert J. LaChance, MD	FP
P.O. Box 609 Pisgah Forest, NC 28768-0609		4005 Orchard Dept./Radiol Midland, MI 48670		4005 Orchard Dr. Midland, MI 48640	
* Richard L. Ellison, MD	AN	* Richard J. Horbal, MD	AI	* Michael S. Leahy, MD	D
5501 Winchester Ct. Midland, MI 48640		555 W. Wackerly #2675 Midland, MI 48640		4009 Orchard Dr. #3600 Midland, MI 48640	
* Edward R. Farber, MD	PTH	* Mark D. Horness, MD	GP	* Linferd G. Linabery, MD	OPH
Midland Regional Med Ctr 4005 Orchard Drive Midland, MI 48640		6029 Stonehaven Ct. Midland, MI 48640		2108 Burlington Midland, MI 48640	
* Jerry Ferrell, MD	FP	* J Christopher Hough, MD	FP	* John Lozak, MD	DR
555 W. Wackerly #1600 Midland, MI 48640		4005 Orchard Dr. Midland, MI 48640		4005 Orchard Dr. Dept. of Radiology Midland, MI 48670	
* Dozier N. Fields, MD	GP	* Richard H. Howell, MD	FP	* Ellsworth E. Ludwig, MD	GS
515 W. Main St. Midland, MI 48640		4915 Hedgewood Dr. P.O. Box 2123, Midland, MI 48641		4011 Orchard #2000 Midland, MI 48640	
William A. Fishbeck, MD	FP	* Michel R. Hurtubise, MD	ON	* Kenneth M. Mac Kinnon, MD	FP
1411 Pheasant Ridge Dr. Midland, MI 48640		808 W. Sugnet Midland, MI 48640		1209 Baldwin St. Midland, MI 48640	
* James H. Frye, MD	FP	* John W. Hysell, MD	PTH	* Robert I. Maxwell, MD	FP
555 W. Wackerly Rd. #1600 Midland, MI 48640		4005 Orchard Dr. Midland, MI 48640		4009 Orchard Dr. Midland, MI 48640	
* Faith D. Fuentes, MD	N	Martin J. Ittner, MD	FP	* Ben R. Mayne, III, MD	ORS
4011 Orchard Dr. #4012 Midland, MI 48640		12486 W. Bay Shore Drive Traverse City, MI 49684		555 W. Wackerly #2600 Midland, MI 48640	
* Mark J. Goethe, MD	ORS	* Nicholas J. Ivan, MD	ORS	E. Michael McGowan, MD	D
1414 E. Wackerly Rd. Midland, MI 48640		1414 E. Wackerly Midland, MI 48640		4200 Brambleridge Midland, MI 48640	
* Roy M. Goethe, MD	PD	* Douglas R. Jackson, MD	ORS	* Rajnikant H. Mehta, MD	TR
222 N. Saginaw Rd. Midland, MI 48640		555 W. Wackerly Rd. #2600 Midland, MI 48640		4005 Orchard Dr. Midland, MI 48640	
Harold L. Gordon, MD	OM	* James L. Jackson, MD	OPH	Edward H. Meisel, MD	FP
4714 Poplar Dr Hope, MI 48628		4011 Orchard Dr. #2020 Midland, MI 48640		2508 Kirk Pte. Drive Midland, MI 48640	
Robert P. Grant, MD	U	* Thomas W. Johnson, MD	OBG	* Michael P. Mesaros, MD	OPH
1010 Knollwood Ct. Midland, MI 48640		222 N. Saginaw Rd. Midland, MI 48640		222 N. Saginaw, Midland, MI 48640	
* Elizabeth A. Gresch, MD	OM	* David A. Junge, MD	OBG	* Daniel L. Middleton, MD	ORS
2030 W. H. Dow Center Legal Dept. Midland, MI 48674		4009 Orchard #3300 Midland, MI 48640		1414 E. Wackerly Midland, MI 48640	
* Walter J. Gruber, MD	IM	* Roger N. Kahn, MD	CD	* Michael J. Miller, MD	IM
555 W. Wackerly Rd. #1500 Midland, MI 48640		4011 Orchard Dr. #2004 Midland, MI 48670		4007 Orchard Dr. Midland, MI 48640	
* Manoucher Gueramy, MD	NS	* Surendra Kaul, MD	N	* R. T. Montpetit, MD	R
4005 Orchard Dr. Midland, MI 48640		555 W. Wackerly #3625 Midland, MI 48640		2105 Dilloway Midland, MI 48640	
* William E. Harrigan, MD	OBG	* Paula J. Klose, MD	FP	* Henry W. Moon, MD	OBG
4007 Orchard Dr. Midland, MI 48640		4007 Orchard Dr. #2002B Midland, MI 48640		3009 Lakeview Sanford, MI 48657	
* Paula R. Headbloom, MD	OBG	Robert C. Kolesar, MD	GP	Willard B. Morell, MD	P
4011 Orchard Dr. #3000 Midland, MI 48640		3410 N. Bent Oak Drive Midland, MI 48640		14471 Potrero Way LaGrange, CA 95329	
* Jeffrey Herman, MD	DR	* Timothy J. Kosinski, MD	FP	* David L. Nadolski, MD	IM
4005 Orchard Drive Midland, MI 48640		2576 Pine Oak Ct. Midland, MI 48640		4007 Orchard Drive #1500 Midland, MI 48640	
Todd G. Hickox, DO	CD	* Rajesh P. Kotecha, MD	TR	* Jeffrey D. Neill, MD	END
		4005 Orchard Dr		4009 Orchard Dr. #3031 Midland, MI 48670	

* Asterisk beside name denotes AMA membership

Monroe (158)

* Gordon K. Orler, MD Dow Chemical Bldg. #1803 Midland, MI 48640	OM	4005 Orchard Dr. Midland, MI 48640		* Carl D. Winegar, MD 2616 Sturgeon Midland, MI 48640	EM
* Mark S. Ostahowski, MD 3934 Monroe Midland, MI 48640	FP	* William L. Scott, MD 1912 Candlestick Midland, MI 48642	IM	* Thomas B. Woodworth, MD P.O. Box 2455 Midland, MI 48641-2455	FP
* Winifred A. Oyen, MD 220 W. Ellsworth St. Midland Co. Hlth. Dept. Midland, MI 486405194	PH	* Jerome E. Seymour, MD 4007 Orchard Dr. Midland, MI 48640	U	* Will A. Wright, MD 305 Nakoma Midland, MI 48640	AN
* John L. Pfenninger, MD 4909 Hedgewood Dr. Midland, MI 48640	FP	* Ling T. Shih, MD 4007 Orchard #1400 Midland, MI 48640	A	* Subramanyam Yadam, MD 4007 Orchard Dr. #1200 Midland, MI 48640	IM
Tammy S. Phillips, MD 350 North Saginaw Rd. Sanford, MI 48657	FP	* John W. Shriner, MD 222 N. Saginaw Rd. Midland, MI 48640	OBG	* G. James Yobst, MD 902 E. Ashman Midland, MI 48640	FP
* Jack T. Pinney, MD 4130 Spring Hill Rd. Midland, MI 48640	FP	* Gary S. Smith, MD 920 W. Wackerly Midland, MI 48640	FP	* Ashley F. Youn, MD 939 W. Midland Rd. Auburn, MI 48611	FP
* Jamie A. Poliskey, MD 4007 Orchard Dr. #2002B Midland, MI 48640	FP	* Stanley R. Smith, MD 4005 Orchard Dr. Midland, MI 48670	R	* Norman E. Young, MD 4005 Orchard Dr. Midland, MI 48640	R
Robert W. Pollock, MD 03820-2 Boyne City Rd. Boyne City, MI 49712	GS	* Robert L. Snyder, DO 4005 Orchard Dr. Midland, MI 48670	AN	* George G. Zainea, MD 4011 Orchard Dr. #3000 Midland, MI 48640	GS
* David E. Randolph, MD 4007 Orchard Dr. #3031 Midland, MI 48640	IM	* Craig R. Sonke, MD 555 W. Wackerly Rd. #1600 Midland, MI 48640	FP		
Stephen H. Randolph, MD P.O. Box 256 Edenville, MI 48620	GS	* Victor G. Sonnino, MD 4011 Orchard Dr. #4006 Midland, MI 48640	NS	Monroe (158)	
* Stephen D. Redman, MD 920 W. Wackerly Midland, MI 48640	FP	* Daniel R. Sorenson, MD 5200 Huntington Dr. Midland, MI 48640	EM	* Soudabeh Ahadi, MD 55 Cole Rd. Monroe, MI 48161	OBG
* William B. Redmon, MD 1414 E. Wackerly Midland, MI 48640	ORS	* Marion D. Sutton, MD 2335 N. Meridian Sanford, MI 48657	FP	* Ali A. Aliasgharpour, MD 750 Stewart Rd. Monroe, MI 48161	IM
* James E. Reif, MD 4011 Orchard Dr. #3000 Midland, MI 48640	GS	* Muhammad H. Syed, MD 2726 N. Saginaw Rd. Midland, MI 48640	P	* Akbar Attary, MD 118 Cole Rd. Monroe, MI 48161	IM
* James R. Reif, MD 7 Snowfield Court Midland, MI 48640	OBG	* Scott A. Thiele, MD 4011 Orchard Dr. #3000 Midland, MI 48640	OBG	* Keith R. Barbour, DO 123 W. First St. Monroe, MI 48161	P
* Fred D. Richardson, III, MD 3900 Cambridge St. Midland, MI 48640	OM	George B. Ulmer, MD 5605 Woodview Pass Midland, MI 48640	R	* Anthony H. Bartolo, MD 125 Cole Road Monroe, MI 48161	OBG
* Thomas E. Rush, MD 1414 E Wackerly Rd Midland, MI 48640	ORS	* Robert L. Van Sickle, MD 222 N. Saginaw Rd. Midland, MI 48640	PD	* Charles E. Black, MD 721 N. Macomb St. Monroe, MI 48161	OBG
* Kamal Sadjadpour, MD 4005 Orchard Dr. Midland, MI 48640	N	* Lijda A. Vellekoop, MD 4007 Orchard Dr. Midland, MI 48640	ON	* E. Borhani-Azar, MD 905 N Macomb St #2 Monroe, MI 48161	GS
* Charles A. Sanislow, MD 4009 Orchard Dr. Midland, MI 48640	GS	John R. Venable, MD 2701 Mt. Vernon Dr. Midland, MI 48640	OM	* Frank A. Bucci, Jr., MD 750 Stewart Rd. Monroe, MI 48161	OPH
* David A. Schaffert, MD 555 W. Wackerly #3625 Midland, MI 48640	N	* Robert P. Vitek, MD Dow Chemical Co. 607 Bldg Midland, MI 48667	OM	* John J. Burroughs, MD 745 N Monroe St Monroe, MI 48161	GP
* Denise K. Schaffert, MD 222 N. Saginaw Rd. Midland, MI 48640	PD	* Dennis A. Wagner, MD 5415 Bloomfield Midland, MI 48640	AN	* Howard M. Comstock, MD 730 N. Macomb St. #329 Monroe, MI 48161	GS
* Jonathan L. Schmidt, MD 4011 Orchard Box 1446 Midland, MI 48641	OTO	* Richard W. Welk, MD 4005 Orchard Dr. Midland, MI 48640	AN	* Brian W. Cook, MD 13299 Linda Vista St. Belleville, MI 48111	EM
Charles A. Schoff, MD 9845-B Pecan Tree Dr. Boynton Beach, FL 33436	FP	* James B. Wendt, MD 4005 Orchard Dr. Midland, MI 48640	PTH	* Frank I. Costa, MD 2126 N. Monroe St. Monroe, MI 48161	GP
* John B. Schroeder, MD	EM	Harry O. Westphal, MD 1503 Lancewood Terrace Palm City, FL 34990	D	* Jeffrey W. Couturier, DO 6740 Farmington Rd. Westland, MI 48185	EM

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Monroe (158)/ Muskegon (162)

* Marvin D. Craig, MD 730 N. Macomb St. #318 Monroe, MI 48161	OBG	* H. George Levy, MD 2200 N Monroe St Monroe, MI 48161	OTO	Chi Sun Yoo Rhee, MD 5233 Kearsdale Toledo, OH 43623	OBG
* Jose F. Del Rosario, MD 905 N Macomb #4 Monroe, MI 48161	GS	* David J. Lieberman, MD 650 Stewart Rd. Monroe, MI 48161	PH	* Thomas E. Ryan, MD 4542 Cottonwood Dr. Ann Arbor, MI 48108	AN
* George Z. Diehl, MD 1205 Cascade Lane Ypsilanti, MI 48197	GP	* Warren J. Liedel, MD 136 Cole Rd. Monroe, MI 48161	FP	* Lessly Sebastian, MD 1586 Arbor Ave. Monroe, MI 48161	AN
* Danilo A. Dona, MD 7521 N. Telegraph New Port, MI 48166	FP	* Bruce D. Love, MD 718 N. Macomb Mercy Mem. Dept./Anesth. Monroe, MI 48161	AN	* Teymour Sepahbodi, MD 740 N. Macomb Monroe, MI 48161 158 U	CHP
Dale W. Douglas, MD 151 Hollywood Dr. Monroe, MI 48161	GS	* Judy A. Macy, MD 123 W. First St. Monroe, MI 48161	PM	* Ashwin H. Shah, MD 740 N. Macomb St. Monroe, MI 48161	U
* Edward R. Feldman, MD 740 N. Macomb St. Monroe, MI 48161	IM	* Kenneth J. McNamee, MD 740 N. Macomb Monroe, MI 48161	ORS	* Kanti H. Shah, MD 814 N. Macomb Monroe, MI 48161	PD
* Bruce B. Feyz, MD 415 S. Monroe St. Monroe, MI 48161	IM	* Amir H. Mehregan, MD P.O. Box 360 Monroe, MI 48161	D	Bernard Sisman, MD 13788 Lake Drive Bolles Harbor Monroe, MI 48161	PD
* Norma A. Flores, MD 718 N. Macomb St. Monroe, MI 48161	R	* David A. Mehregan, MD P.O. Box 360 Monroe, MI 48161	D	* Thomas H. Snider, MD 730 N. Macomb #300 Monroe, MI 48161	IM
Reginald A. Frary, MD 16 Lake Hunter Dr. B205 Lakeland, FL 33803	OPH	Walter A. Meier, MD 306 S. Macomb St. Monroe, MI 48161	PH	* Anthony B. Songco, MD 1704 S. Custer Monroe, MI 48161	GP
John W. Freud, MD 1262 N. Macomb St. Monroe, MI 48161	GP	* Anthony E. Melonakos, MD 740 N. Macomb Box 609 Monroe, MI 48161	ORS	* Hyun A. Steward, MD 811 N. Macomb St. Monroe, MI 48161 0002429000	FP
* Stephen R. Grider, DO 740 N. Macomb St. Monroe, MI 48161	EM	* W. Stuart Middleton, MD 219 W. Front St. Monroe, MI 48161	FP	* Robert G. Streicher, MD 2252 N. Monroe St. Monroe, MI 48161	GP
* Arun Gupta, MD 750 Stewart Rd. Monroe, MI 48161	FP	* Jimmy Mistry, MD P.O. Box 1135 126 Cole St. Monroe, MI 48161	OBG	* Usha R. Tampi, MD 730 N. Macomb #229 Monroe, MI 48161	IM
* Ihsan U. Haq, MD 905 N. Macomb Monroe, MI 48161	IM	* Walter L. Moleski, MD 721 Macomb St. Monroe, MI 48161	GP	* Manhar J. Tejura, MD 730 N. Macomb #429 Monroe, MI 48161	CD
Hilda M. Hensel, MD P.O. Bx 60-Sec.Bank of M Monroe, MI 48161	A	* S. R. Nair, MD P.O. Box 2165 Monroe, MI 48161	U	* Joaquin O. Uy, MD 3765 Dines Court Ann Arbor, MI 48105	R
* Muhammad F. Javaid, MD 2250 N. Monroe St. Monroe, MI 48161	IM	* John E. Pasko, Jr., MD 529 N. Monroe St. Monroe, MI 48161	GS	Rogelio C. Verzosa, MD 5730 W. Dunbar Monroe, MI 48161	P
* John J. Kalenkiewicz, MD 730 N. Macomb St. #400 Monroe, MI 48161	IM	Emilio F. Pena, MD 440 S. Gulfview Blvd. #12 Clearwater Beach, FL 34630-2517	CD	Vernon L. Weeks, MD 114 Sylvan Monroe, MI 48161	IM
S. Newton Kelso, MD 336 Cole Rd. Monroe, MI 48161	FP	* Mohammad H. Peracha, MD 725 N. Monroe St. Monroe, MI 48161	OPH	* Allen J. Williams, MD 1630 Wrauch Rd. Temperance, MI 48182	EM
John R. King, MD 151 Macomb Ct. Monroe, MI 48161	D	Lesly Pompy, MD 368 Black Oak Ct. Monroe, MI 48161	AN		
* Gary F. Koloff, MD 740 N. Macomb Monroe, MI 48161	P	* Keo Poopat, MD 717 N Macomb Monroe, MI 48161	OTO		
* Sudjond Kosim, MD Mercy Mem. Hosp. X-Ray 718 N. Macomb Street Monroe, MI 48161	DR	* Homayoon Rahbari, MD P.O. Box 360 Monroe, MI 48161	D		
Gerald P. Lammers, MD 2924 Lewis Ave. Ida, MI 48140	GP	* Jesse H. Reed, MD P.O. Box 5 Carleton, MI 48117	FP		
* Myron S. Lee, MD 750 Stewart Monroe, MI 48161	OPH	Albert H. Reisig, MD 430 Hollywood Dr. Monroe, MI 48161	IM		

Muskegon (162)

Charles L. Adams, MD 122 Franklin Grand Haven, MI 49417	TS
* Arden G. Alexander, MD 975 W. Seminole Rd. Muskegon, MI 49441	IM
* C. Robert Alkema, MD 1675 Leahy St. Muskegon, MI 49442	PD

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Muskegon (162)

* William J. Alt, MD P.O. Box 4346 Muskegon, MI 49444	CD	Muskegon, MI 49442		Whitehall, MI 49461	
Ralph F. Askam, MD 4120 Nob Hill Dr. Muskegon, MI 49441	AN	J. Max Busard, MD 1316 Mercy Drive Muskegon, MI 49444	GS	* John C. Farmer, MD 1325 Mercy Drive Muskegon, MI 49444	IM
Annie L. Atkinson, MD P O Box 353 Lake Crystal, MN 56055	OS	* Don E. Campbell, MD 1325 Mercy Drive #2 Muskegon, MI 49444	IM	* Stephen E. Fisher, MD 1675 Leahy St. Muskegon, MI 49441	PS
* Michael Banka, MD 1223 Mercy Drive Muskegon, MI 49444	FP	* George D. Cavender, MD 172 E. Forest Muskegon, MI 49442	PM	Robert J. Fles, MD 1715 Peck St. Muskegon, MI 49441	IM
* Gregory W. Baran, MD P.O. Box 208 Muskegon, MI 49443-0208	DR	Henry Cevallos, MD P.O. Box 1545 Muskegon, MI 49443	N	* Robert J. Fles, Jr., MD 1500 E. Sherman Blvd. Box Muskegon, MI 49443	DR
* James W. Barnes, MD 117 W. Colby St. Whitehall, MI 49461	FP	* Antonio M. Chiasson, MD 1060 W. Norton Ave. Muskegon, MI 49441	AN	* James C. Flick, MD Haborwood Family Med Ctr 1675 Leahy #301 Muskegon, MI 49442	FP
* James M. Barnett, MD 1560 E. Sherman #315 Muskegon, MI 49444	OPH	* Robert L. Christensen, MD 1675 Leahy St., #250 Muskegon, MI 49442	FP	John D. Folsom, MD 311 W Circle Dr No Muskegon, MI 49445	ORS
* Calvin J. Bergsma, MD 1560 E. Sherman Blvd. #33 Muskegon, MI 49444	U	* Raymond Cooper, MD 104 Norton Medical Ctr 3535 Medical Ctr Muskegon, MI 49444	OBG	* Dan A. Fox, MD 1560 E Sherman Blvd #250 Muskegon, MI 49444	OTO
* Gregory A. Bernath, MD 1212 E. Sherman Muskegon, MI 49444	CD	* Karen A. Cornell, MD 1675 Leahy #405 Muskegon, MI 49442	PD	Philip H. Frandsen, MD 15660 Bittersweet Lane Spring Lake, MI 49456	GS
* Herbert M. Blair, III, MD 1560 W. Sherman #240 Muskegon, MI 49444	D	* William D. Cowan, MD 438 Melody Lane North Muskegon, MI 49445	AN	* Robert S. Fredrick, MD 1675 Leahy St. #301 Muskegon, MI 49442	FP
Robert E. Bloom, MD 1245 Everest Rd. Venice, FL 33595	D	* Donald K. Crandall, MD 1316 Mercy Drive Muskegon, MI 49444	GS	* Edward M. Fugate, MD 315 W. Clay Ave. #311 Muskegon, MI 49440	GS
* Gregory A. Bohn, MD 18511 Zuni Dr. Spring Lake, MI 49456	GS	* John W. Crawford, MD 1316 Mercy Drive Muskegon, MI 49444	GS	* Michael J. Galvin, MD 433 W. Seminole Muskegon, MI 49444	PD
Robert E. Bolthouse, MD 66 W. Dale Ave. Muskegon, MI 49441-2525	GP	Anne B. Cronick, MD 435 Whitehall Rd. North Muskegon, MI 49445	P	* Navora Gapas-Cuison, MD 15713 Littlefield Ln. Spring Lake, MI 49456	AN
* William H. Bond, MD 3102 Glade St. Muskegon, MI 49444	GP	* Sergio Q. Cuison, MD 1060 W. Norton Ave. Muskego, MI 49441	AN	Frank W. Garber, Jr., MD 1297 Lakeshore Dr. Muskegon, MI 49441	ORS
* David G. Booth, MD 3535 Park St. Muskegon, MI 49444	FP	* James H. Dallman, MD 800 Lyncott St. No. Muskegon, MI 49445	P	Robert E. Garrison, MD 1913 Crestwood Lane Muskegon, MI 49441	FP
* James R. Bos, MD P.O. Box 208 Muskegon, MI 49443-1778	DR	Kshitish C. Das, MD 1725 Peck St. Muskegon, MI 49441	P	* Carl J. Gebuhr, MD 1212 E. Sherman Muskegon, MI 49444	CD
* Carsten P. Boysen, MD 1060 W. Norton Ave. Muskegon, MI 49441	AN	* David H. Deitrick, MD 3102 Glade St. Muskegon, MI 49444	FP	Douglas H. Giese, MD 2218 Southwood Ave. Muskegon, MI 49441	ORS
* Nancy E. Brenneeman, MD 1715 Peck St. Muskegon, MI 49441	IM	* Steven S. Demos, MD 1316 Mercy Drive Muskegon, MI 49444	TS	* Arthur L. Golin, MD 1560 E. Sherman Blvd. #33 Muskegon, MI 49444	U
* Wayne L. Brenneeman, MD 1715 Peck St. Muskegon, MI 49441	IM	* Greg H. Downer, MD 1298 E. Sherman Blvd. Muskegon, MI 49444	NEP	* Richard J. Golz, MD 433 W. Seminole Muskegon, MI 49444	PD
* Joseph L. Brock, MD 3535 Park St. #110 Muskegon, MI 49444	FP	* Richard A. Edlund, MD 104 Norton Medical Ctr. 3535 Park Muskegon, MI 49444	OBG	* Rosalino T. Gonzales, MD 420 S. Wolf Lake Rd. Muskegon, MI 49442	IM
* Donald W. Brown, Jr., DO 1060 W. Norton Ave. Muskegon, MI 49441	AN	* John P. Egan, Jr., MD 1061 Edinborough Norton Shores, MI 49441	IM	* James R. Grace, MD 1325 Mercy Drive #2 Muskegon, MI 49444	IM
* Frederick B. Brown, MD 1316 Mercy Drive Muskegon, MI 49444	GS	* Michael A. Engel, MD P.O. Box 208 Muskegon, MI 49443-0208	DR	* Erwin L. Grasman, MD 420 Whitehall Rd. Muskegon, MI 49445	FP
* Gerald L. Buchanan, MD 1700 Clinton	EM	* Albert D. Engstrom, MD 117 W. Colby	FP	Lawrence E. Grennan, MD 2377 Westwood Muskegon, MI 49441	PS

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Muskegon (162)

* Hernan L. Guiang, MD 1560 E. Sherman #325 Muskegon, MI 49444	IM	172 E. Forest Muskegon, MI 49442		* Mani Kurien, MD 3995 Stryker Muskegon, MI 49441	IM
* Gary G. Gurden, MD 1675 Leahy St. Muskegon, MI 49440	N	* Kothegala Jagadish, MD 3727 Highgate Rd. Muskegon, MI 49441	OBG	* Alan S. Lachniet, MD 1675 Leahy St. Muskegon, MI 49442	ORS
Donald W. Hack, MD 3945 Easthill Court Muskegon, MI 49441	R	* Joel J. Jarvis, MD 1223 Mercy Drive Muskegon, MI 49444	FP	* Ivan R. Landan, MD 1675 Leahy St. #225 Muskegon, MI 49442	N
* Samir I. Hamati, MD 1675 Leahy St #403 Muskegon, MI 49442 0007282507	OBG	Robert M. Jesson, MD 1354 Lakeshore Dr. Muskegon, MI 49441	OBG	Emil J. Lauretti, MD 205 Medical Arts Center Muskegon, MI 49440	GS
* Yousif I. Hamati, MD 1440 E. Sherman Blvd. Muskegon, MI 49444	ORS	* Michael A. Johnson, MD 1675 Leahy St. #107 Muskegon, MI 49442	OPH	Lawrence A. Lauretti, MD 1663 Bonneville Dr. Muskegon, MI 49441	OBG
William J. Hanley, MD 4104 Harbor Pte. Muskegon, MI 49441	OPH	Everett H. Johnston, MD 18270 W. Spring Lake Rd. Spring Lake, MI 49456	R	* John Le Claire, MD 172 E. Forest Muskegon, MI 49442 (000)728-3749	PM
* W. Richard Harris, MD 4295 E. Farr Fruitport, MI 49415	FP	Stephen Kahn, DDS 1560 E. Sherman Muskegon, MI 49444		* Jeffrey A. Leinicke, MD Hackley Med Ctr #300 1675 Leahy Muskegon, MI 49442	GE
John G. Harvey, MD 3162 Scenic Dr. Muskegon, MI 49445	OS	* Dick L. Kamps, MD 1316 Mercy Drive Muskegon, MI 49444	GS	* Lloyd J. Lemmen, MD 1724 Peck Street Muskegon, MI 49441	NS
* Robert B. Heacox, MD 536 Slayton Grand Haven, MI 49417	FP	* C. James Kelly, MD 3102 Glade St. Muskegon, MI 49444	FP	* Lloyd J. Lemmen, MD 3535 Park St. Muskegon, MI 49444	FP
* Dale W. Heeres, MD 3535 Park St. #110 Muskegon, MI 49444	FP	C. Thomas Kelso, MD 15575 Oak Drive Spring Lake, MI 49456	PTH	Cronick A. Leonard 435 Whitehall Rd Muskegon, MI 49444	
* Todd L. Helle, MD 1675 Leahy #415 Muskegon, MI 49442	NS	Howard J. Kerr, MD 2378 Hadden Muskegon, MI 49441	GP	* Paul F. Lobert, MD 1700 Clinton - Box 3302 Hackley Hospital Muskegon, MI 49443	PTH
* Gordon N. Heller, MD 5112 South Shore Dr. Whitehall, MI 49461	EM	* Sarla D. Khushalani, MD 1700 Clinton St. Muskegon, MI 49442	TR	Leonel L. Loder, MD 420 Channel Rd. Muskegon, MI 48445	OPH
Robert G. Heneveld, MD 1270 Ione St. Muskegon, MI 49441	OTO	* Ray F. Kiefer, MD 1060 W. Norton Ave. Muskegon, MI 49441	AN	* Edward R. Lutkus, MD 2903 Willis Spring Lake, MI 49456	EM
Mary E. Hennessy, MD 2361 Westwood Rd. Muskegon, MI 49441	IM	* Kevin M. Kiley, MD 1909 Ruddiman Dr. No. Muskegon, MI 49445	FP	Lewis E. Maire, MD 3840 Montview Muskegon, MI 49441	GP
Anita M. Herald, MD 3735 Mona Kai Blvd. Muskegon, MI 49444	GP	* Mark S. Kinziger, MD 1266 E. Sherman Muskegon, MI 49444	OPH	* Lynn Marie Malenfant, MD 8 West Stone Lake Forest, IL 60045	P
Osbie J. Herald, MD 3197 Scenic Drive North Muskegon, MI 49445	EM	* Daniel E. Kislov, MD 1675 Leahy St. #328 Muskegon, MI 49442	PS	* E. Brian Mc Hugh, MD 1909 Ruddiman No. Muskegon, MI 49445	GP
* Stephen C. Hershey, MD 1675 Leahy St. #320 Muskegon, MI 49442	P	* Richard Kislov, MD 1675 Leahy #328 Muskegon, MI 49442	PS	John N. Mc Nair, MD 1229 Yorkshire Muskegon, MI 49441	GYN
* Douglas E. Hoch, MD 409 Mid Oak Dr. N. Muskegon, MI 49445	IM	* Andrew C. Kleaveland, MD 730 Lyncott St. Muskegon, MI 49445	PUD	* Timothy C. Mead, MD 1440 E. Sherman Blvd. Muskegon, MI 49444	ORS
* Herman D. Hoeksema, MD 1675 Leahy St. #336 Muskegon, MI 49442	ORS	* Ingram J. Kleaveland, MD 1670 Peck St. Muskegon, MI 49441	IM	* Mark E. Meengs, MD 1212 E. Sherman Muskegon, MI 49444	IM
Leland E. Holly, II, MD 6820 S. Shore Dr. P.O. Box 1778, W hitehall, MI 49443	R	* Raymond R. Komray, MD 1365 Mercy Drive Muskegon, MI 49444	OTO	Marvin B. Meengs, MD 10910 Cameo Dr. Sun City, AZ 85351	GP
* Craig L. Holmes, MD 1675 Leahy St. #200 Muskegon, MI 49442	IM	* Barry W. Kram, DO 1298 E Sherman Blvd Muskegon, MI 49444	NEP	* Bruce L. Melrose, MD P.O. Box 1487 Muskegon, MI 49443	DR
William J. Hornbeck, MD 1309 Randolph Muskegon, MI 49441	GS	* Marlin P. Krenz, MD 1781 Peck St. Muskegon, MI 49441	OPH	* Rodney L. Mirich, MD 1675 Leahy St.	OBG
* Robert G. Hylland, MD	IM	Leonard J. Kurello, DO 1836 Oak Ave. Muskegon, MI 49442	U		

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Muskegon (162)

Muskegon, MI 49440					
* David J. Mitchell, MD	OPH	* Guy C. Power, MD	IM	Muskegon, MI 49441	
870 Jefferson		1675 Leahy		* Louis V. Spielman, MD	AN
Muskegon, MI 49440		Muskegon, MI 49442		1140 Edinborough Dr.	
John L. Mixer, DDS		Sudhir Prasad, MD	IM	Muskegon, MI 49441	
3735 Farmwood		1560 E. Sherman #215		* F. Remington Sprague, MD	IM
Muskegon, MI 49441		Muskegon, MI 49444		1325 Mercy Drive	
* Richard E. Moulton, MD	ORS	* John M. Ratchford, MD	IM	Muskegon, MI 49444	
1440 E. Sherman Blvd. #30		1675 Leahy St.		* Edward J. Stehouwer, MD	CRS
Muskegon, MI 49444		Muskegon, MI 49442		1675 Leahy #430	
(000)733-1326		* Bruce A. Reichardt, MD	PTH	Muskegon, MI 49442	
* John J. Mozdzen, MD	PTH	18853 Fruitport Rd.		* Thomas E. Stone, MD	U
1500 E. Sherman Blvd. Box		Spring Lake, MI 49456		1560 E. Sherman Blvd. #33	
Muskegon, MI 49443		* Evan J. Reinders, MD	A	Muskegon, MI 49444	
* John A. Mulder, MD	FP	1560 E. Sherman Blvd. #11		Dolores B. Storey	
1675 Leahy		Muskegon, MI 49444		6161 Evanston	
Muskegon, MI 49442		* James J. Rice, Jr., MD	GS	Muskegon, MI 49442	
* Lambertus Mulder, MD	GP	1316 Mercy Drive		Donald P. Stratton, MD	R
315 W. Clay #205		Muskegon, MI 49444		3839 Norton Hills	
Medical Arts Center		* Charles B. Roesch, MD	AN	Muskegon, MI 49441	
Muskegon, MI 49440		5297 Lake Harbor Rd.		* F. James Stubbart, MD	D
* William E. Naill, Jr., MD	ON	Muskegon, MI 49441		1684 Randolph St.	
P.O. Box 208		* Ronald D. Rop, MD	IM	Muskegon, MI 49441	
Muskegon, MI 49443-0208		159 E. Larch Ave.		* Ronald L. Stuk, MD	R
* Alejandro Nakahodo, MD	IM	Muskegon, MI 49442		1500 E. Sherman Blvd.	
245 Westshore Prof Bldg		* Kamal E. Roufca, MD	NS	Mercy Hospital	
1560 E. Sherman Blvd #245		1560 E. Sherman Blvd.		Muskegon, MI 49442	
Muskegon, MI 49444		Muskegon, MI 49444		* David B. Sutton, MD	PD
* William D. Nelson, MD	FP	* Ralph G. Ryan, III, MD	CD	1675 Leahy #405	
3895 E. Ellis		1212 E. Sherman		Muskegon, MI 49442	
Muskegon, MI 49444		Muskegon, MI 49444		Leland L. Swenson, MD	ORS
* Sachiko K. Okamoto, MD	GP	* Joseph A. Salisz, MD	U	3503 Scenic Drive	
11517 E. River Dr.		1560 E. Sherman Blvd. #33		North Muskegon, MI 49445	
Dewitt, MI 48820		Muskegon, MI 49444		Henry C. Tellman, MD	U
Bruce C. Olsen, MD	FP	Howard V. Sanden, MD	PD	590 Ranch Road	
17755 N. Shore Estates Rd		972 Randall Rd.		Muskegon, MI 49441	
Spring Lake, MI 49456		Muskegon, MI 49441		* Richard K. Torrey, MD	IM
* Richard R. Oslund, MD	R	* Scott A. Sanford, MD	FP	3014 Westland Rd.	
P.O. Box 208		1223 Mercy Dr.		Muskegon, MI 49441	
Muskegon, MI 494431778		Muskegon, MI 49444		William H. Tyler, MD	OTO
* Kenneth A. Otto, MD	OPH	* Elaine M. Schmidt, MD	FP	15226 Boswell Blvd	
1560 Sherman Blvd.		1223 Mercy Drive		Sun City, AZ 85351	
Muskegon, MI 49444		Muskegon, MI 49444		* Warren L. Van Kampen, MD	OPH
* George E. Overly, MD	FP	* John J. Schram, DO	AN	870 Jefferson	
117 W. Colby		1060 W. Norton Ave.		Muskegon, MI 49440	
Whitehall, MI 49461		Muskegon, MI 49441		* Virgilio F. Vasquez, MD	N
* Robert C. Packer, MD	OPH	* Karen L. Seaver, MD	IM	1675 Leahy #436	
1781 Peck Street		1325 Mercy Drive		Muskegon, MI 49442	
Muskegon, MI 49441		Muskegon, MI 49444		George A. Voikos, MD	GP
Lester C. Paterson, MD	PD	Emil M. Shebesta, MD	R	4138 Nob Hill Drive	
15776 Prospect Pte.		2342 Westwood Rd.		Muskegon, MI 49441	
Spring Lake, MI 49456		Muskegon, MI 49441		Edward H. Wagenaar, MD	PD
* James A. Patterson, MD	EM	* Donald A. Sheill, MD	FP	317 Redwood Rd.	
1700 Clinton Box #3302		1675 Leahy #103		Venice, FL 34293	
Muskegon, MI 49443		Muskegon, MI 49442		* Frederick A. Wakerley, DO	AN
* Richard W. Peters, MD	PTH	* Hikmet H. Sipahi, MD	ON	1060 W. Norton Ave.	
2080 Hillside Drive		1700 Clinton St.		Muskegon, MI 49441	
Muskegon, MI 49441		Muskegon, MI 49442		* Norman L. Welch, MD	PTH
* Frank L. Pettinga, MD	GP	* John F. Skallerup, MD	IM	1500 E. Sherman Blvd. Box	
Hackley Hospital		1212 E. Sherman		Muskegon, MI 49443	
P.O. Box 3302		Muskegon, MI 49444		Daniel A. Weller, MD	CD
Muskegon, MI 49443		* Lowell D. Smith, MD	IM	5416 Park Grove	
* Robert J. Porter, Jr., MD	TS	1521 Peck St.		Ann Arbor, MI 48103	
1316 Mercy Drive		Muskegon, MI 49441		* Daniel L. West, MD	IM
Muskegon, MI 49444		Robert E. Smith, MD	AN	1212 E. Sherman Blvd.	
* A. James Potter, MD	OTO	712 Mapleway Dr.		Muskegon, MI 49444	
1675 Leahy #315		Muskegon, MI 48441		* Richard T. Wilcox, MD	R
Muskegon, MI 49442		* Gregory T. Sobczak, MD	GP	1700 Clinton St.	
		4851 Yorkshire Dr.		Muskegon, MI 49442	

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Muskegon (162)/ Newago (166)/ Northern Michigan (170)

Bernard C. Wildgen, MD 1427 Forest Park Rd. Muskegon, MI 49441	OPH	* Gerald E. Van Wieren, MD 12720 Patricia Grant, MI 49327	IM	560 W. Mitchell Petoskey, MI 49770	
Edward V. Williams, MD 2501 Baker St. Muskegon Heights, MI 49444	GP	* James D. Webb, MD 4685 S. Luce Fremont, MI 49412	IM	William A. Dawson, MD 1214 E. Mitchell Petoskey, MI 49770	D
* Richard M. Williams, MD P.O. Box 208 Muskegon, MI 494431778	R			* Bruce G. Deckinga, MD 820 Arlington Ave. #1 Petoskey, MI 49770	GS
* Paul R. Wilson, MD 1221 Forest Park Rd. Muskegon, MI 49441	PTH			* Hugh G. Deery, II, MD 560 W. Mitchell Petoskey, MI 49770	ID
Newago (166)		Northern Michigan (170)		Gerald A. Drake, MD 210 B Spring Lane Chapel Hill, NC 27514	IM
* C. J. Stanley Beckman, MD 565 Quarterline Newago, MI 49337	R	* Jeffrey A. Alexander, MD 560 W. Mitchell Petoskey, MI 49770	GE	* Mark E. Drogowski, MD 802 S. Main St. #7 Cheboygan, MI 49721	FP
* Richard S. Boss, MD 230 W. Oak St. Fremont, MI 49412	FP	* Michael D. Banyai, MD 560 W. Mitchell Burns Clinic Petoskey, MI 49770	IM	* Charles A. Easton, MD 560 W. Mitchell Petoskey, MI 49770	IM
* I. Dale Carroll, MD 230 W. Oak St. #106 Fremont, MI 49412	OBG	* Howard J. Beck, MD 560 W. Mitchell Petoskey, MI 49770	OTO	* William R. Eppler, MD 180 Plymouth Beach Indian River, MI 49749	OPH
* Robert C. Clouse, MD 230 W. Oak St. Fremont, MI 49412	FP	* Mark J. Bielaczyc, MD 416 Connable Petoskey, MI 49770	AN	* Robert G. Fawcett, MD 560 W. Mitchell Petoskey, MI 49770	P
* Maynard De Kryger, MD 230 W. Oak St. Fremont, MI 49412	PD	Benjamin B. Blum, MD 1208 E. Mitchell Petoskey, MI 49770	IM	L. Jerome Fink, MD 537 Cherry St Petoskey, MI 49770	P
Jess J. De Young, MD 449 Mary Lane Fremont, MI 49412	GP	George F. Boone, MD 17525 Adena Lane San Diego, CA 92128	R	Elizabeth Fischer, MD 115 E. Third St. P.O. Box 157 Harbor Springs, MI 49740	GP
* P. Kevin Gerth, MD 663 Apache Dr. Fremont, MI 49412	ORS	* William A. Briggs, MD 560 W. Mitchell St. Petoskey, MI 49770	IM	* Reed K. Freidinger, MD 724 Park Avenue Charlevoix, MI 49720	IM
Douglas A. Johnson, MD Pine Medical Group, P.C. 230 West Oak St. Fremont, MI 49412	GS	* Lee R. Brunner, MD Burns Clinic Med. Ctr., P 560 W. Mitchell Petoskey, MI 49770	END	* Sanders A. Frye, MD 23 Woodridge Drive Petoskey, MI 49770	AN
Brooker L. Masters, MD 5620 W. 100th St., SE Fremont, MI 49412	FP	* Mitchell J. Carey, MD 601 Bridge St. East Jordan, MI 49727	FP	* Douglas A. Furman, MD Pp. Bo. Box 607 Indian River, MI 49749	FP
* Robert H. Nettleman, MD 230 W. Oak St. Fremont, MI 49412	FP	* Ernest W. Carpenter, MD 3095 Maxwell Rd. Petoskey, MI 49770	GS	* J. Douglas Gay, MD 560 W. Mitchell, PA th. Dept. Petoskey, MI 49770	PTH
* Robert E. Paxton, MD 230 W. Oak St. Fremont, MI 49412	FP	* C. Robert Charles, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	D	* James A. Gels, MD 724 Park Ave. Charlevoix, MI 49720	IM
Alicia A. Pedelty, MD 224 Wood Newago, MI 49337	GP	Versa V. Cole, MD Grandvue East Jordan, MI 49727	GP	* Thomas H. Gietzen, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	GE
Norman L. Pedelty, MD 224 Wood St Box 398 Newago, MI 49337	GP	* Harry T. Colfer, MD 560 W. Mitchell Petoskey, MI 49770	CD	* Richard S. Hagelberg, MD 560 W. Mitchell Petoskey, MI 49770	GS
* Dennis J. Perry, MD 230 W. Oak St. Fremont, MI 49412	FP	* P. J. Connaughton, MD Burns Clinic Med. Ctr. 560 Mitchell Petoskey, MI 49770	GS	* John W. Hall, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	U
* Michael J. Post, MD 230 W. Oak Fremont, MI 49412	IM	William S. Conway, MD 4208 William St. Oden, MI 49764	OPH	* Joseph W. Hance, MD 426 Bay St. Petoskey, MI 49770	ORS
* Donald B. Reinders, MD 230 W. Oak St. Fremont, MI 49412	FP	* Thomas F. Curtin, MD P.O. Box 718 East Jordan, MI 49727	FP	Aloysius J. Hegener, MD Burns Clinic Medical Cent Petoskey, MI 49770	U
* Robert L. Smith, MD 230 W. Oak St. #100 Fremont, MI 49412	OBG	Harry R. Custer, MD 12295 Pa Ba Shan Charlevoix, MI 49720	GS	* Clare B. Heidtke, MD 501 Hillcrest Ave. Petoskey, MI 49770	OBG
		* Allen D. Damschroder, MD Burns Clinic Medical Ctr.	ORS		

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Northern Michigan (170)

* Klaus Hergt, MD 125 N. Main Cheboygan, MI 49721	GS	802 S. Main #7 Cheboygan, MI 49721		Petoskey, MI 49770	
* James E. Herlocher, MD Burns Clinic Med. Ctr., P 560 W. Mitchell Petoskey, MI 49770	TS	Nicholas Lentini, MD 101 Forester Ct West Palm Beach, FL 33414	GP	* Howard E. Otto, MD Community Mem. Hosp/Path 748 S. Main St/P.O. Box 4 Cheboygan, MI 49721	PTH
* Charles J. Heyka, MD 2050 M-119 Petoskey, MI 49770	FP	* John H. Lignell, MD 14695 Park Ave. Charlevoix, MI 49720	FP	* Harry T. Pall, MD 603 E. Lake St. Petoskey, MI 49770	AN
* Hashem M. Hilal, MD Burns Clinic Med. Ctr., P 560 W. Mitchell Petoskey, MI 49770	IM	John F. Loyd, MD 126 Boulder Lane Petoskey, MI 49770	IM	* Kenneth A. Parada, MD 2050 M-119 Petoskey, MI 49770	FP
R. K. Homs, MD 1714 Country Club Dr. Lynn Haven, FL 32444	GS	* John P. Ludwick, MD Rte #1, Box 150D Ellsworth, MI 49729	GP	* Ronald D. Petrocelli, MD 416 Connable Ave. Petoskey, MI 49770	R
* Scott A. Hotchkiss, MD 2206 Mitchell Park #9 Petoskey, MI 49770	FP	* Patrick M. Maloney, MD 560 W. Mitchell Petoskey, MI 49770	IM	* Benjamin F. Pettit, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	ON
H. Ross Hume, MD P.O. Box 653 Harbor Springs, MI 49740	ORS	Robert G. Martin, MD 304 E. Dixon Charlevoix, MI 49720		* Merle O. Plagge, MD 14700 Park Ave. Charlevoix, MI 49720	GS
* Doug Jackson, MD 802 S. Main #7 Cheboygan, MI 49721	FP	Victor S. Mateskon, MD 8372 M-68 Indian River, MI 49749	ORS	* Gary A. Posner, MD 111 E. Wackerly Rd. Midland, MI 48640	FP
* Loyal W. Jodar, MD 426 Bay St. #102 Petoskey, MI 49770	ORS	* William L. Mc Cullough, M 115 Clinton Petoskey, MI 49770	U	* Jack R. Postle, MD Arlington Heights Petoskey, MI 49770	OBG
* Dennis M. Joy, MD 303 Central Ave. Charlevoix, MI 49720	FP	* Daniel E. Mc Donnell, MD Burns Clinic Med. Ctr., P 560 W. Mitchell Petoskey, MI 49770	PUD	* John R. Rasmussen, MD 416 Connable Ave. Petoskey, MI 49770	AN
* Tai Hee Kang, MD Charlevoix Area Hosp Dept Lake Shore Drive Charlevoix, MI 49720	R	John E. Mc Enroe, MD 1005 E. Mitchell Petoskey, MI 49770	R	* David J. Rynbrandt, MD 560 W. Mitchell Petoskey, MI 49770	GS
* James S. Keith, MD Burns Clinic Med. Ctr., P 560 W. Mitchell Petoskey, MI 49770	EM	* Dennis E. Mc Geath, MD 100 Division Rd. Petoskey, MI 49770	PD	* Richard D. Ryszewski, MD 416 Connable No. Michigan Hospitals Petoskey, MI 49770	PD
* Thomas P. Kennedy, MD 620 Rose St. Petoskey, MI 49770	AN	* Mark R. Mc Murray, MD 2466 Stewart Rd. Petoskey, MI 49770	ORS	Gilbert B. Saltonstall, MD 119 Pine River Lane Charlevoix, MI 49720	GP
Douglas G. Kinne, MD 1319 Kolinski Rd. Petoskey, MI 49770	OBG	* William L. Meengs, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	CD	* Duane W. Schuil, MD 560 W. Mitchell Petoskey, MI 49770	IM
* Benjamin J. Kleinstiver, 1445 Bayview Heights Petoskey, MI 49770	ORS	* Robert A. Mengebier, MD Burns Clinic Medical Cent 560 W. Mitchell Petoskey, MI 49770	PTH	Frederick C. Schwartz, MD 10677 Chickigami Trail Brutus, MI 49716	FP
* Lars W. Kleppe, MD 3157 Greenwood Rd. Petoskey, MI 49770	PTH	Joanne E. Mertz, MD 913 Resort Pike Petoskey, MI 49770	PD	* John A. Sheets, MD 10128 Pincherry Rd. Charlevoix, MI 49720	IM
* Richard A. Knecht, MD 2620 Stewart Rd. Petoskey, MI 49770	FP	David N. Mikhail, MD 1289 North Shore Dr. Box Walloon Lake, MI 49796	PTH	* Jeffrey C. Shepard, MD 560 W. Mitchell Petoskey, MI 49770	N
* Richard A. Kutcipal, MD 211 Sunset Petoskey, MI 49770	OBG	* Keith Y. Miyamoto, MD 802 S. Main St. Cheboygan, MI 49721	U	J. E. Henri Simard, MD 619 E. Lake St. Petoskey, MI 49770	GS
* Russell F. Labeau, Jr., MD 402 Rolling Hills Petoskey, MI 49770	PD	* William E. Mosher, MD 14700 Park Charlevoix, MI 49720	OBG	* Denise A. Sinke, MD 6180 Indian Garden Rd. Petoskey, MI 49770	N
* Marc E. Lame, MD 14700 Park Ave. Charlevoix, MI 49720	GS	* Edward E. Newcomb, MD 724 Park Ave. Charlevoix, MI 49720	FP	* Ronald D. Snyder, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	GS
* David D. Ledingham, MD 560 W. Mitchell Petoskey, MI 49770	GS	* Gilbert M. O'Gawa, MD Burns Clinic Medical Ctr. 560 W. Mitchell Petoskey, MI 49770	OPH	* F. James Stewart, MD 724 Park Ave. Charlevoix, MI 49720	FP
* Loretta Leja, MD	FP	* N. Thomas O'Keefe, MD Burns Clinic Medical Ctr.	OPH	* John H. Tanton, MD 2957 Atkins Rd. Petoskey, MI 49770	OPH

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Northern Michigan (170)/ Oakland (174)

* Roderic E. Tinney, MD 601 Bridge St. East Jordan, MI 49727	PD	* Harold J. Willens, MD 560 W. Mitchell Petoskey, MI 49770	CD	Southfield, MI 48034	
* H. Micheal Topley, MD 560 W. Mitchell Petoskey, MI 49770	U	* Ian D. Wilson, MD 611 E. Lake St. Petoskey, MI 49770	PD	* Kewal K. Aggarwal, MD 1100 W. University Dr. Rochester, MI 48307	IM
* Neal R. Touran, MD 416 Connable Petoskey, MI 49770	AN	* Steven J. Wisiewski, MD East Jordan Fam. Hlth. Ct 601 Bridge Street East Jordan, MI 49727	IM	* Asir U. Ahmad, MD Pontiac General Hosp. Seminole @ W. Huron Pontiac, MI 48341	IM
* Miles W. Trumble, MD Burns Clinic Med. Ctr., P 560 W. Mitchell Petoskey, MI 49770	OPH	* Bonnie R. Wolfram, MD 6800 Barbara St. Indian River, MI 49749	GP	* Fazal Ahmad, MD 888 Woodward Ave. #102 Pontiac, MI 48341	IM
* Victor N. Tsaloff, MD Burns Clinic Med Ctr., P. 560 W. Mitchell Petoskey, MI 49770	R	* George W. Wright, MD 12515 Meanderline Rd. Charlevoix, MI 49720	P	* Mosharraf U. Ahmed, MD 6600 Highland Rd. #22 Waterford, MI 48327	IM
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* Yukio Umemori, MD 318 Riverside Cheboygan, MI 49721	R	* Beverly Ann Zelt, MD Burns Clinic Med Ctr., P. 560 W. Mitchell Petoskey, MI 49770	AN	* Mufid B. Al-Najjar, MD 30161 Southfield Rd. #214 Southfield, MI 48076	P
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* Ebrahim M. Babaoff, MD	OGB	* Franz S. Bauer, MD	PD	44199 Dequindre #123 Troy, MI 48098	
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Oakland (174)

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* John S. Bishop, MD 145 Seminole Pontiac, MI 48341	GS	* Melvin J. Bornstein, MD 450 N. Woodward Birmingham, MI 48009	P	* Patricia A. Brooks, MD 39575 W. 10 Mile Rd. Novi, MI 48050	FP
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22250 Providence Dr. #305 Southfield, MI 48075		2575 Woodward Ave. #200 Berkley, MI 48072		* Umesh G. Gowda, MD	FP
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1559 W. Big Beaver #E-18 Troy, MI 48084		26771 W. 12 Mile Rd. #110 Southfield, MI 48034		Paul L. Gradolph, MD	OM
Norman F. Gehringer, MD	FP	* Robert S. Goldfarb, MD	OBG	1191 Glenpointe Ct. Bloomfield Hills, MI 48013	
2017 S.W. Heronwood Rd. Palm City, FL 33490		6450 Farmington Rd. #2 West Bloomfield, MI 48322		* Malcolm D. Graham, MD	OTO
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565 Park Shore Dr. Naples FL 33940		29275 Northwestern Hwy. # Southfield, MI 48034		* Robert J. Granadier, MD	OPH
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427 Wishbone Drive Bloomfield Hills, MI 48304		755 W. Big Beaver #230 Troy, MI 48084		James D. Grant, MD	AN
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1500 N. Woodward #109 Birmingham, MI 48009		300 Park #100 Birmingham, MI 48009		* Steven D. Grant, MD	IM
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22250 Providence Dr. #406 Southfield, MI 48075		291 Baldwin Clarkston, MI 48016		J. Donald Green, MD	IM
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5130 Coolidge Hwy. Royal Oak Medical Ctr. Royal Oak, MI 48073		330 Pinetree Lake Orion, MI 48035		* Frank J. Greene, MD	P
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1663 Stephenson Hwy. Troy, MI 48083		3228 Woodview Lake Rd. Orchard Lake, MI 48033		* Michael Y. Greenley, MD	OPH
* George R. Gerber, MD	OBG	* William S. Gonte, MD	IM	25811 W. 12 Mile Rd. #204 Southfield, MI 48034	
600 Lafayette #1825 Detroit, MI 48226		25660 W. 12 Mile Rd. #305 Southfield, MI 48034		John N. Grekin, MD	D
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* Mohammad Ghaemi, MD	D	* Jose A. Gonzalez, MD	U	26615 Greenfield Rd. Southfield, MI 48076	
P.O. Box 141 Troy, MI 48099		1915 E. 14 Mile Rd. Birmingham, MI 48009		* Evan J. Griffiths, MD	OBG
* Michael D. Gilbert, MD	PD	* Rafael M. Gonzalez, MD	P	300 Park St. #420 Birmingham, MI 48009	
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* John A. Gilroy, MD	N	* Paul A. Goodman, MD	PTH	31510 Bellvine Trail Birmingham, MI 48010	
27207 Lahser Rd. #201 Southfield, MI 48034		44201 Dequindre - Labs Troy, MI 48098		* Michael A. Grishkoff, MD	IM
* Kenneth W. Gitlin, MD	ORS	* Warren W. Goodwin, MD	P	17995 Birwood Birmingham, MI 48009	
16800 W. 12 Mile Rd. #100 Southfield, MI 48076		6785 Telegraph Rd. #355 Birmingham, MI 48010		* Frederick J. Grose, MD	FP
* Geoffrey J. Gladstone., M	OPH	* Clayton H. Gordon, MD	GS	22250 Providence Dr. Southfield, MI 48075	
29201 Telegraph Rd. #309 Southfield, MI 48034		600 N. Woodward Ave. #203 Birmingham, MI 48009		Leslie D. Grosinger, MD	OPH
* Lionel P. Glass, MD	N	* Peter F. Gordon, MD	FP	1575 Woodward Ave. #102 Bloomfield Hills, MI 48302	
1431 Woodward Ave. Bloomfield Hills, MI 48013		44199 Dequindre Rd. Troy, MI 48098		* William S. Gross, MD	GS
* Jay H. Globerson, MD	AN	* Seymour Gordon, MD	IM	22250 Providence Dr. #208 Southfield, MI 48075	
47924 West Rd.		3535 W. 13 Mile Rd. #205 Royal Oak, MI 48073		Solomon Grossman, MD	P
				29614 Farmbrook Villa Ct.	

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* Lynn E. Howell, MD 1345 S. Woodward #201 Bloomfield Hills, MI 48302	CDS	* Robert E. James, MD 2561 Elizabeth Lake Rd. Pontiac, MI 48054	PD	* Jorge O. Just, MD 880 Woodward Ave. #14 Pontiac, MI 48053	CDS
* Chris R. Howlett, MD 21 E. Long Lake Rd. #204 Bloomfield Hills, MI 48304	P	Thomas P. James, MD 7021 Loud Drive Oscoda, MI 48750	R	* George Kadian, MD 31350 Telegraph Rd. Birmingham, MI 48010	IM
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John J. Hsu, MD 7224 Old Mill Rd. Birmingham, MI 48010	P	* Frederick L. Jardon, MD 17100 W. 12 Mile Rd. Southfield, MI 48076	OPH	* Peter J. Kalabat, MD 31815 Southfield Rd. #11 Birmingham, MI 48009	PTH
* James V. Huebner, MD 876 Northgate Rd. Rochester, MI 48306	ORS	* Jeffrey M. Jennings, MD 134 W. University Dr. #20 Rochester, MI 48063	IM	* Velimir Kalafatic, MD 3850 Metro Parkway Sterling Heights, MI 48310	PD
* Pankaj C. Hukku, MD 35 S. Johnson #3D Pontiac, MI 48341	IM	Annette I. Joe, MD 21003 Mack Ave. Grosse Pte. Woods, MI 48236	DR	* Janaki Kambhampati, MD 2820 Crooks Rd. Rochester, MI 48309	FP
* Nancy A. Hurchik-Munaco 23800 Orchard Lake Rd #10 Farmington Hills, MI 48024	FP	* Garfield Johnson, MD 35 S. Johnson St. O-C Pontiac, MI 48053	OBG	* Ravindranath Kambhampati 2820 Crooks Rd. #200 Rochester, MI 48309	PS
* S. L. Husain-Hamzavi, MD 831 Hidden Pine Rd. Bloomfield Hills, MI 48013	D	* J. Frederic Johnson, MD 146 Puritan Rd. Birmingham, MI 48009	GP	* Mark A. Kamil, MD 6621 W. Maple Rd. West Bloomfield, MI 48322	ORS
* Lenny J. Hutton, MD 6900 Orchard Lake Rd. #10 West Bloomfield, MI 48322	OBG	* James W. Johnson, MD 2581 Mc Clintock Rd. Bloomfield Hills, MI 48013	CHP	Robert L. Kamm, MD 920 Purdy St. Birmingham, MI 48009	P
* Ala E. Imam, MD 5825 M-15 #101 Clarkston, MI 48016	IM	Pamela D. Johnson, MD 950 Avon Rd. #A-3 Rochester Hills, MI 48307	GS	* Fakhruddin S. Kapadia, MD 4299 Roseberry Ct. Drayton Plains, MI 48020	PD
* Hector J. Inchaustegui, MD 363 W. Big Beaver Troy, MI 48084	IM	* Robert H. Johnson, MD 930 W Avon #18 Rochester, MI 48307	OBG	* Bruce M. Kaplan, MD 5647 W. Maple Rd. West Bloomfield, MI 48322	IM
* Narciso O. Inez, MD 1010 N. Campbell Rd. #1 Royal Oak, MI 48067	GS	* John M. Joliat, MD 2221 Livernois Rd. #101 Troy, MI 48083	IM	* Michael M. Kaplan, MD 29877 Telegraph Rd. #303 Southfield, MI 48034	IM
* John A. Ingold, MD 3535 W. 13 Mile Rd. #209 Royal Oak, MI 48073	GS	* Cyril D. Jones, MD 801 S. Adams Rd. Birmingham, MI 48009	P	* Irvin J. Kappy, MD 5590 Pembury West Bloomfield, MI 48322	PD
* Ronald B. Irwin, MD	ORS	* David Jonnalagadda, MD 15760 19 Mile Rd. #1 Mt. Clemens, MI 48044	IM	* Michael Kaprielian, MD 30256 Southfield Rd. #186	P

MSMS Members by Counties

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Oakland (174)

* Recia Kott-Blumenkranz, M 3504 Walbri Dr. Bloomfield Hills, MI 48013	D	1615 W Big Beaver Rd A-1 Troy, MI 48084		* Lawrence M. Lawson, MD 4491 Venoy Wayne, MI 48184	R
* Robert F. Kowalski, MD 3601 W. 13 Mile Rd. ER De Wm. Beaumont Hospital Royal Oak, MI 48073	EM	* Kamlesh Kumari-Lobo, MD 4550 Wabeek Forest Dr Bloomfield Hills, MI 48013	OBG	* Antonio A. Laxa, MD 4400 Dixie Highway Drayton Plains, MI 48020	IM
Clifford S. Kozlow, MD 12237 Barrel Cactus Way Fountain Hills, AZ 85268	AN	* Carl E. Kuntzman, MD 1600 Lomond Rochester, MI 48309	GS	* Michael J. LaRouere, MD 27555 Middlebelt Rd. Farmington Hills, MI 48334	GS
Louise E. Kozlow, MD 12237 Barrel Cactus Way Fountain Hills, AZ 85268	OBG	* Ruben S. Kurnetz, MD 511 Pierce Birmingham, MI 48009	PD	* Harold R. Leach, MD 6900 Orchard Lake Rd. #10 West Bloomfield, MI 48322	OBG
* Michael C. Kozonis, MD 7120 Fairhill Rd. Birmingham, MI 48010	CD	* Lawrence T. Kurz, MD 16800 W. 12 Mile Rd. #100 Southfield, MI 48076	ORS	* Daniel E. Leb, MD 1575 Woodward Ave. #212 Bloomfield Hills, MI 48013	IM
* E. J. Kozora, MD 32841 Middlebelt #401 Farmington Hills, MI 48018	OBG	* Alan Kwaselow, MD 41935 W. 12 Mile Rd. Novi, MI 48377	A	* Mark Lebeis, MD 14555 Levan Rd. #203 Livonia, MI 48154	CD
* Harm Kraai, MD 909 Woodward Ave #104 Pontiac, MI 48341	U	* Luana J. Kyselka, MD 2833 Crooks Rd. Troy, MI 48084	END	* Hahn Joong Lee, MD 22255 Greenfield Rd. #231 Southfield, MI 48075	CD
* Mark Krane, MD 2340 S. Commerce Walled Lake, MI 48088	OBG	* Myron M. La Ban, MD 3535 W. 13 Mile Rd. #437 Royal Oak, MI 48073	PM	* Wesley Lee, MD 3601 W. 13 Mile Rd. Royal Oak, MI 48073	OBG
* Pamela M. Kratkoczi, MD 20448 Brookwood Dearborn Heights, MI 48127	PD	* James E. Labes, MD 25865 W 12 Mile Rd #101 Southfield, MI 48034	OBG	* Young Mo Lee, MD 2515 Woodward Ave. #220 Bloomfield Hills, MI 48013	GS
* Alfred M. Kreindler, MD 200 Elm Street Birmingham, MI 48009	IM	* R. M. Lagrandeur, MD 1215 Kirts Rd. Troy, MI 48084	OBG	* David A. Leichtman, MD 22250 Providence Dr. #302 Southfield, MI 48072	HEM
Bruce A. Kresge, MD 1071 N. Lake Angelus Rd. Lake Angelus, MI 48326	FP	* Kamlesh Lahiri, MD 755 W. Big Beaver Rd. #24 Troy, MI 48084	CD	* A. Martin Lerner, MD 31000 Lahser Rd. Birmingham, MI 48010	ID
* Seymour Krevsky, MD 630 N. Woodward #201 Birmingham, MI 48009	PD	Paul T. Lahti, MD 6730 Mamaronick Tucson, AZ 85718	GS	* Leonard H. Lerner, MD 26615 Greenfield Southfield, MI 48076	OPH
* Norman N. Krieger, MD 402 Union Street Milford, MI 48042	IM	* Yash P. Lakra, MD 2520 S. Telegraph Rd. #20 Bloomfield Hills, MI 48302	GS	* James B. Lesser, MD 41935 W. 12 Mile Rd. Novi, MI 48377	RHU
* Rajan S. Krishnan, MD 2515 Woodward #290 Bloomfield Hills, MI 48304	HEM	* Michael K. Lala, MD 4851 Old Orchard Trail Orchard Lake, MI 48324	R	* Bruce T. Lessien, MD 1345 S. Woodward Ave. #20 Bloomfield Hills, MI 48302	P
* Ronald L. Krome, MD 3601 W. 13 Mile Rd. ER Royal Oak, MI 48073	GS	Francis W. Lanard, MD 1185 Timberview Trail Bloomfield Hills, MI 48304	OM	* Charles S. Levi, MD 1155 E. Long Lake Rd. #5 Troy, MI 48098	OPH
* Lawrence Krugel, MD 29877 Telegraph Rd #300 Southfield, MI 48034	D	* Raymond V. Landes, MD 1011 Olivia Ave. Ann Arbor, MI 48104	CRS	* Murray B. Levin, MD 2520 S. Telegraph Rd. #10 Bloomfield Hills, MI 48013	IM
Henry Krystal, MD 3390 Pickering Rd. Birmingham, MI 48010	P	Alvin R. Larson, MD 2960 Eastways Dr. Box 243 Bloomfield Hills, MI 48013	GS	* Robert N. Levin, MD 3535 W. 13 Mile Rd. #205 Royal Oak, MI 48073	CD
* James M. Kryvicky, MD 5342 Woodland Estates Dr. Bloomfield Hills, MI 48013	AN	Frederick R. Latimer, MD Route #1, Box 137 Honor, MI 49640	NS	* Robert C. Levine, MD 29580 Northwestern Hwy. # Southfield, MI 48034	FP
Eli H. Kuhel, MD 25415 Southfield Rd. Southfield, MI 48075	PD	* Carl B. Lauter, MD 3601 W. 13 Mile Rd. Royal Oak, MI 48073	IM	* Robert S. Levine, MD 1711 Woodward Ave. #101 Bloomfield Hills, MI 48013	ORS
* Shirlee E. Kuhl, DO 967 Forest Birmingham, MI 48009	PD	Philip J. Laux, MD 2621 Woodward Ave. Berkley, MI 48072	PD	Irving Levitt, MD 2328 Hunt Club Dr. Bloomfield Hills, MI 48013	PD
Anne C. Kuhn, MD 22474 N. Nottingham Birmingham, MI 48010	PD	* Paul S. Laven, DO 26736 Wyoming Huntington Woods, MI 48070	FP	Marvin B. Levy, MD 20239 Forestwood St. Southfield, MI 48076	GP
Robert E. Kuhn, MD 22474 N. Nottingham Birmingham, MI 48010	OBG	* Nancy C. Lawhon, MD 29829 Telegraph Rd. #L103 Southfield, MI 48034	DR	* Scott G. Lewis, MD 29201 Telegraph Rd. #404 Southfield, MI 48034	IM
* G. Krishna Kumar, MD	IM	* James M. Lawson, MD 7091 Orchard Lake Rd. #20 West Bloomfield, MI 48322	PS	* John H. Libcke, MD 461 W. Huron	PTH

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2160 Bordeaux Dr. Orchard Lake, MI 48323					
* John R. Lichtwardt, MD	U				
3535 W. 13 Mile Rd. #501 Royal Oak, MI 48073					
* Andrea C. Lightbourn, MD	OBG				
22250 Providence Dr. #210 Southfield, MI 48075					
* Channing T. Lipson, MD	P				
2095 Bordeaux Drive West Bloomfield, MI 48033					
* James A. Livermore, MD	AN				
16001 W. 9 Mile Rd. Southfield, MI 48075					
* A. Z. Lobo, MD	IM				
4550 Wabek Forest Dr. Bloomfield Hills, MI 48013					
* Robert P. Locey, MD	PH				
1200 N. Telegraph Rd. Pontiac, MI 48341					
* Todd A. Lockwitz, MD	IM				
3281 Ellwood Ave. Berkley, MI 48072					
* Linda J. Logsdon, MD	P				
26111 W. 14 Mile Rd. #113 Franklin, MI 48025					
* Jeffrey A. London, MD	CHP				
950 N. Hunter Blvd. Birmingham, MI 48009					
* Gerald L. Lopez, MD	EM				
29829 Telegraph Rd. #100 Southfield, MI 48034					
* Peter P. Lopez, MD	IM				
185 Linden Birmingham, MI 48009					
* Nir Y. Lorant, MD	P				
30208 Eastfield St. Farmington Hills, MI 48334					
* Robert P. Lorenz, MD	OBG				
3601 W. 13 Mile Rd. Dept/ Royal Oak, MI 48073					
* James W. Lowell, MD	R				
888 Woodward Ave. #106 Pontiac, MI 48341					
* Michael R. Lubetsky, MD	IM				
3500 Fifteen Mile Rd. Sterling Heights, MI 48310					
* Michael J. Lucas, MD	GS				
44199 Dequindre #123 Troy, MI 48098					
* Larry B. Lundy, MD	OTO				
27555 Middlebelt Rd. Farmington Hills, MI 48334					
* Arthur S. Lussos, MD	GP				
2707 Bridle Bloomfield Hills, MI 48013					
* Blagoy S. Lutikoff, MD	IM				
1727 Cedar Hill Dr. Bloomfield Hills, MI 48301					
* James P. Lynch, MD	CRS				
2447 Heronwood Dr. Bloomfield Hills, MI 48302					
* Robert T. Lyons, MD	IM				
7303 Gills Pier Rd. Northport, MI 49670					
* Luis C. Maas, MD	IM				
22250 Providence Dr. #406 Southfield, MI 48075					
* William B. Mac Donald, MD	R				
2356 Mortenson Berkley, MI 48072					
* James C. Mac Kenzie, MD	IM				
1777 Axtell Rd. #202 Troy, MI 48084					
* Douglas W. Macdonald, MD	AN				
825 W. Drahner Rd. Box 42 Oxford, MI 48051					
* George S. Mackey, Jr., MD	IM				
3044 W. Grand Blvd. GMC 3 Detroit, MI 48202					
* Ivan J. Mader, MD	IM				
4004 Foxview Orchard Lake, MI 48033					
* Tom Madhavan, MD	IM				
29877 Telegraph Rd. #304 Southfield, MI 48034					
* Thomas D. Magnell, MD	ORS				
17877 W. 14 Mile Rd. Birmingham, MI 48009					
* Murray S. Mahlin, MD	U				
17550 W. 12 Mile Rd. Southfield, MI 48076					
* Fredk P. Maibauer, MD	ORS				
1000 W. University Dr. #2 Rochester, MI 48063					
* Henry W. Maicki, MD	OBG				
22250 Providence Dr. #305 Southfield, MI 48075					
* Charles A. Main, MD	HEM				
3601 W. 13 Mile Rd. Dept. of Ped. Hem. Royal Oak, MI 48073					
* M. Jeffrey Maisels, MD	PD				
3601 W. 13 Mile Rd. Royal Oak, MI 48073					
* Nicholaos G. Makris, MD	IM				
32931 Middlebelt Rd. #602 Farmington Hills, MI 48334					
* William F. Malarney, MD	GS				
888 Woodward #206 Pontiac, MI 48341					
* Victor Maldonado, MD	R				
888 Woodward #106 Pontiac, MI 48341					
* Vishwanath B. Mali, MD	PD				
44199 Dequindre #518 Troy, MI 48098					
* Michael G. Malon, MD	PD				
16800 W. 12 Mile Rd. #205 Southfield, MI 48076					
* John T. Maltese, MD	PM				
3535 W. 13 Mile Rd. #437 Royal Oak, MI 48073					
* John P. Manica, MD	CHN				
3535 W. 13 Mile Rd. #648 Royal Oak, MI 48073					
* Shahrokh Mansoori, MD	TS				
2520 S. Telegraph Rd. #10 Bloomfield Hills, MI 48013					
* Howard N. Manz, MD	CRS				
22250 Providence Dr. #701 Southfield, MI 48075					
Oliver L. Marcotte, MD	PUD				
25000 W. Ten Mile Rd. Southfield, MI 48034					
* Arlene M. Marcy, MD	OBG				
950 W. Avon Rochester, MI 48307					
* Raymond R. Margherio, MD	OPH				
3535 W. 13 Mile Rd. #555 Royal Oak, MI 48073					
* Steven T. Margolis, MD	FP				
35429 Schoenherr Rd. Sterling Heights, MI 48312					
* Bruce A. Margulis, MD	IM				
1478 High Court Bloomfield Hills, MI 48013					
R. Ralph Margulis, MD	OBG				
3290 W. Big Beaver #120 Troy, MI 48084					
* Joseph E. Mark, MD	PS				
455 S. Livernois #A-21 Rochester, MI 48063					
* Arnold Markowitz, MD	IM				
2112 Cass Lake Rd. Keego Harbor, MI 48320					
* Simon W. Maroko, MD	P				
806 Pontiac State Bank B1 Pontiac, MI 48058					
John J. Marra, MD	PTH				
4100 Galt Ocean Drive #17 Ft Lauderdale, FL 33308					
Percy S. Marsa, MD	GP				
835 N. Lapeer Rd. Lake Orion, MI 48035					
Donald W. Martin, MD	P				
2200 Crooks Rd. #70 Troy, MI 48084					
Robert J. Mason, MD	PD				
13801 York Rd H-6 Broadme Cockeysville, MD 21030					
* Robert T. Mast, MD	OBG				
2602 Carol Franklin, MI 48025					
* Thomas Mathew, MD	CD				
35 S. Johnson #1-A Pontiac, MI 48053					
* Gharbharan R. Mathura, MD	OBG				
75 W. Huron St. #206 Pontiac, MI 48058					
* Jerry A. Matlen, MD	ORS				
16800 Twelve Mile Rd. #10 Southfield, MI 48076					
Max W. Mattes, MD	R				
20280 Forestwood Dr. Southfield, MI 48076					
* Henry G. Mauer, MD	CDS				
3535 W. 13 Mile Rd. #206 Royal Oak, MI 48073					
* Katharine W. Mauer, MD	A				
23023 Orchard Lake Rd. Farmington, MI 48024					
* Alex Maximovich, MD	OBG				
3601 W. 13 Mile Rd. Royal Oak, MI 48073					
* W. E. Barry Mayo, MD	ORS				
3023 Woodward Ave. #100 Royal Oak, MI 48073					
* Raymond L. Mayor, MD	OBG				
35 S Johnson #3-C					

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Pontiac, MI 48053		Harry E. Meisner, MD	IM	Bloomfield Hills, MI 48013	
French H. Mc Cain, MD	IM	24777 Greenfield Rd.		* Thomas I. Millman, MD	OPH
5035 Brookdale		Southfield, MI 48075		375 Barclay Circle	
Bloomfield Hills, MI 48013		* John D. Mellen, MD	R	Rochester Hills, MI 48063	
* Peter M. Mc Cann, MD	OPH	16800 W. 12 Mile Rd. #200		James T. Mimura, MD	OTO
22250 Providence Dr. #606		Southfield, MI 48076		35477 Woodfield Dr.	
Southfield, MI 48075		* L. V. Mendelsohn, MD	IM	Farmington Hills, MI 48331	
* Kathleen A. Mc Carroll, M	DR	31500 Telegraph Rd. #145		* Alan M. Mindlin, MD	OPH
250 N. Clifton Rd.		Birmingham, MI 48010		1701 Baldwin Rd. #206	
Bloomfield Hills, MI 48301		* David H. Mendelson, MD	ORS	Pontiac, MI 48340	
* Richard S. Mc Caughey, MD	GE	28700 W. Eight Mile Rd.		* Richard A. Minkin, MD	IM
3535 W. 13 Mile Rd.		Farmington Hills, MI 48024		15901 W. Nine Mile Rd. #6	
Royal Oak, MI 48073		Alan M. Mendelsohn, MD		Southfield, MI 48075	
* Michael G. Mc Cue, MD	AN	26206 W. 12 Mile Rd.	CRS	* Frederick V. Minkow, MD	ORS
32766 Bingham Lane		Southfield, MI 48034		1575 Woodward Ave. #205	
Birmingham, MI 48010		* Michael S. Menge, MD	OTO	Bloomfield Hills, MI 48302	
* James D. Mc Cullough, MD	A	134 W. University Dr. #31		* Rosa Mirijanian, MD	IM
2839 Chestnut Run Dr.		Rochester, MI 48307		7210 Ortonville Rd. M-15	
Bloomfield Hills, MI 48013		* Erlinda P. Mercado, MD	P	Clarkston, MI 48346	
* Sue Ann Mc Cutcheon, MD	IM	134 W. University Dr. #11		* Paul W. Misch, MD	FP
455 S. Livernois Rd. #A12		Rochester, MI 48063		44199 Dequindre	
Rochester Hills, MI 48307		* Richard B. Merkle, MD	AN	Troy, MI 48098	
* Robert J. Mc Donald, MD	OPH	26711 Woodward #305		* Candida C. Misra, MD	AN
4200 N. Woodward Ave.		Huntington Woods, MI 48070		2933 E. Bradford Dr.	
Royal Oak, MI 48073		* Keith M. Metz, MD	AN	Birmingham, MI 48010	
* Jeffrey A. Mc Erlean, MD	GS	16001 W. Nine Mile Rd. (A		* Karen B. Mitchell, MD	FP
28405 Danvers Ct.		Southfield, MI 48037		22250 Providence Dr. #5	
Farmington Hills, MI 48018		* Alvin B. Michaels, MD	P	Southfield, MI 48075	
Francis J. Mc Evoy, MD	GP	30100 Telegraph Rd. #330		* Moufid Mitri, MD	TS
2065 Pear Tree Lane		Bingham Farms, MI 48025		940 W. Avon #8	
Lake Orion, MI 48035		* Elizabeth H. Michels, MD	D	Rochester, MI 48307	
* T. Manford Mc Gee, MD	OTO	32905 W. 12 Mile Rd. #330		* Anilkumar M. Mody, MD	GS
27555 Middlebelt		Farmington Hills, MI 48334		6777 W. Maple Rd.	
Farmington Hills, MI 48334		* Richard B. Michelson, MD	GPM	West Bloomfield, MI 48033	
* Thomas S. Mc Inerney, MD	FP	363 W. Big Beaver		* Reza Mohajer-Shojaee, MD	OBG
109 W. 11 Mile		Troy, MI 48084		1565 W Big Beaver Bldg F	
Royal Oak, MI 48067		* Ira H. Mickelson, MD	OBG	Troy, MI 48084	
* A. I. Mc Kendrick, MD	CRS	3023 N. Woodward Ave. #20		* Arturo L. Mojares, MD	GS
22250 Providence Dr #701		Royal Oak, MI 48073		1575 W. Big Beaver Bldg.	
Southfield, MI 48075		* Steven A. Migdal, MD	OBG	Troy, MI 48084	
* Gregor M. Mc Kendrick, MD	CD	6900 Orchard Lake Rd. #10		* David M. Montgomery, MD	ORS
29255 Northwestern Hwy. #		West Bloomfield, MI 48322		3023 N. Woodward #100	
Southfield, MI 48034		* Anis A. Milad, MD	OBG	Royal Oak, MI 48073	
* John H. Mc Laughlin, MD	GS	3535 W. 13 Mile Rd. #301		* Avijit Mookerjee, MD	AN
600 N. Woodward Ave. #203		Royal Oak, MI 48073		5150 Winlane Dr.	
Birmingham, MI 48009		* Michael F. Milan, MD	PS	Bloomfield Hills, MI 48302	
* Mark C. Mc Quiggan, MD	U	30700 Telegraph Rd. #4566		Ahmod S. Moola, MD	AN
29653 Club House Lane		Bingham Farms, MI 48025-4528		535 Sanctuary Dr. #B505	
Farmington Hills, MI 48334		Arthur C. Miller, MD	AN	Longboat Key, FL 34228	
* Amanda Mc Tier, MD	OM	1241 Woodcrest Circle		* Gerald A. Moore, MD	NS
3535 W. 13 Mile Rd. #744		Bloomfield Hills, MI 48013		22250 Providence Dr. #601	
Royal Oak, MI 48073		* Bruce K. Miller, MD	IM	Southfield, MI 48075	
* Mark K. McKain, MD	GS	2575 N. Woodward #100		* John S. Moran, MD	P
916 Greenleaf Drive		Berkley, MI 48072		16400 N. Park Dr. #104	
Royal Oak, MI 48073		* Hubert Miller, MD	P	Southfield, MI 48075	
* Jeffrey A. Meer, MD	IM	2621 Pineview		* Robert S. Morden, MD	PDS
28625 Northwestern Hwy. #		West Bloomfield, MI 48324		3535 W. 13 Mile Rd. #506	
Southfield, MI 48034		* Irving M. Miller, MD	PD	Royal Oak, MI 48073	
* Joseph R. Meerschaert, MD	PM	23133 Orchard Lake Rd. #1		Leonard A. Morin, MD	OBG
3535 W. 13 Mile Rd. #437		Farmington, MI 48024		29929 Vernon Drive	
Royal Oak, MI 48073		* Joel A. Miller, MD	OPH	Southfield, MI 48076	
* Donald A. Meier, MD	NM	29201 Telegraph Rd. #100		* Leon H. Morris, DO	IM
6900 Orchard Lake Rd. #20		Southfield, MI 48034		29275 Northwestern Hwy. #	
West Bloomfield, MI 48322		* Ronald V. Miller, MD	IM	Southfield, MI 48034	
Richard K. Meils, MD	OBG	29255 Northwestern Hwy. #		* George B. Moser, MD	OBG
3622 Lakeview Dr.		Southfield, MI 48034		620 N. Woodward	
Cedar, MI 49621		Sidney Miller, MD	IM	Birmingham, MI 48009	
		5647 S. Adams Way			

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* Yahya Mossa-Basha, MD 1401 S. Washington Royal Oak, MI 48067	DR	* Durgadas Narla, MD 8850 Hall Rd Sterling Heights, MI 48078	IM	* Robert T. Nolta, MD 4300 S. Saginaw Flint, MI 48557	OM
* Sami Mounayer, MD 3535 W. 13 Mile Rd. #601 Royal Oak, MI 48073	N	* Milton L. Nathanson, MD 31500 Telegraph #120 Bingham Farms, MI 48010 0006479400	OBG	* Richard E. Noon, MD 726 Parkman Drive Bloomfield Hills, MI 48013	R
* Donald F. Moylan, MD 3535 W. 13 Mile Rd. #501 Royal Oak, MI 48073	U	John F. Naz, MD 6523 Wellesley Terr. Clarkston, MI 48346	OBG	Joseph I. Nosanchuk, MD 31915 W. 14 Mile Rd. #243 Farmington Hills, MI 48334	FP
* Elmer J. Mueller, MD 31815 Southfield #20 Birmingham, MI 48009	CD	* Anthony J. Nehra, MD 145 Rochdale Dr. #C & D Rochester, MI 48309	OBG	* Martin I. Noveck, MD 900 Woodward Ave. Dept/Anes. Pontiac, MI 48053	AN
* Kathleen C. Mueller-Norto 1953 E. Maple Rd. Birmingham, MI 48009	IM	* Mark L. Nelson, MD 60 W. Big Beaver #120 Birmingham, MI 48009	D	* Peggyann Nowak, MD 6900 Orchard Lake Rd. #31 West Bloomfield, MI 48322	OTO
* William J. Muesing, MD 23200 Woodward Ferndale, MI 48220	GS	Roger B. Nelson, MD 16 Westbury Ct. Ann Arbor, MI 48105	OBG	* Antonio S. Nucum, MD 1200 N. Telegraph Rd. Oakland Co. Med. Care Fac Pontiac, MI 48341	IM
* Betty J. Muller, MD 730 Falmouth Bloomfield Hills, MI 48304	AN	* Jose V. Neri, MD 2561 Elizabeth Lake Rd. Pontiac, MI 48053	PD	James W. Nunn, MD 636 Lakeview Birmingham, MI 48009	IM
* Peter T. Muller, MD 1550 N. Woodward #103 Birmingham, MI 48009	PD	Jack H. Nessel, MD 6652 Stillwell West Bloomfield, MI 48322	FP	* Kevin T. O'Donnell, MD 22250 Providence Dr. #203 Southfield, MI 48075	U
* N. Mummaneni, MD 900 Woodward Ave. Dept./A Pontiac, MI 48341	AN	* Robert C. Nestor, DO 888 Woodward Ave. #105 Pontiac, MI 48341	ORS	* John P. O'Hara, III, MD 22250 Providence Dr. #401 Southfield, MI 48075	ORS
* Anthony C. Munaco, MD 23800 Orchard Lake Rd. #1 Farmington Hills, MI 48024	FP	* Robert J. Netzel, MD 2700 Colonial Way Bloomfield Hills, MI 48013	OPH	* James A. O'Neill, MD 5885 M-15 Clarkston, MI 48016	PD
* Douglas M. Murphy, MD 24024 Evergreen Rd. #156C Southfield, MI 48075	ORS	* Kurt H. Neumann, MD 3601 W. 13 Mile Rd. Royal Oak, MI 48073	IM	* Jeffrey G. Obron, MD 31500 Telegraph #245 Bingham Farms, MI 48010	OBG
* James R. Murphy, MD 16001 W. 9 Mile Rd. Southfield, MI 48075	AN	* Donald L. Newman, MD 25811 W. 12 Mile Rd. Southfield, MI 48034	FP	* David E. Obudzinski, MD 31815 Southfield #14 Birmingham, MI 48009	PD
* John W. Murphy, MD 44199 Dequindre #102 Troy, MI 48098	GS	Max K. Newman, MD 4564 Coachmaker Dr. Bloomfield Hills, MI 48302	PM	* Yoshio Okumura, MD 3781 Crestlake Dr. Bloomfield Hills, MI 48013	AN
* Patrick L. Murphy, MD 3535 W. 13 Mile Rd. #507 Royal Oak, MI 48073	OPH	* Steven E. Newman, MD 25811 W. 12 Mile Rd. Southfield, MI 48034	N	* David J. Olen, MD 2550 S. Telegraph Rd. #10 Bloomfield Hills, MI 48013	P
Kenneth W. Murray, MD 64750 Augusta Ave. Desert Hot Springs, CA 92240	D	* Richard Y. Ng, MD 39575 Ten Mile Rd. #205 Novi, MI 48050	FP	John R. Olenyn, MD 2055 Crooks Rd. Rochester Hills, MI 48309	ORS
* Nagaprasad B. Murthi, MD 4210 Hardwoods Drive West Bloomfield, MI 48033	P	Samuel J. Nichamin, MD 26034 York Huntington Woods, MI 48070	PD	* Rick E. Olson, MD 44199 Dequindre #423 Troy, MI 48098	NS
* John R. Musich, MD 3535 W. 13 Mile Rd. #344 Royal Oak, MI 48073	OBG	Ivey D. Nickerson, MD 6245 Golfview Dr. Birmingham, MI 48010	AN	* Baha Onder, MD 23800 Orchard Lake Rd. #1 Farmington Hills, MI 48024	FP
Gordon S. Musick, MD #363-4425 S. Pleasant Hil Kissimmee, FL 34746	R	* D. C. Niederluecke, MD 2520 S. Telegraph Rd. #10 Bloomfield Hills, MI 48013	OBG	Donna L. Opie, MD 283 Rosario Lane White Lake, MI 48386	PD
* Beth L. Nadis, MD 30927 North Park Dr. Farmington Hills, MI 48331	PD	* Charles L. Nino, MD 43327 Cliffside Ct. #103 Novi, MI 48375	IM	* Robinson U. Ordon, MD 3535 W. 13 Mile Rd. #635 Royal Oak, MI 48073	PS
* Conrad E. Nagle, MD 44201 Dequindre Troy, MI 48098	NM	Thomas A. Nique, MD 31775 Lakeside Dr. A #1 Farmington, MI 48334	AN	* Harvey Organek, MD 27211 Lahser Rd. #206 Southfield, MI 48034	PUD
* Khalil S. Nahra, MD 26206 W. 12 Mile Rd. #101 Southfield, MI 48034	CRS	* Robert G. Niven, MD 28800 Orchard Lake Rd. #2 Farmington Hills, MI 48334	P	* Luis Ospina, MD 17412 W 13 Mile Rd Birmingham, MI 48009	IM
Eugene J. Nalepa, MD 9420 Allen Rd.	ORS	* Justine M. Noel, MD 1223 S. Washington Royal Oak, MI 48067	IM	* Gary G. Otsuji, MD	FP

MSMS Members by Counties

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Oakland (174)

22250 Providence Dr. #576 Southfield, MI 48075		4203 W. 13 Mile Rd. Royal Oak, MI 48073		888 Woodward Ave. #206 Pontiac, MI 48341	
Harold A. Ott, MD	OBG	* Lawrence I. Pasik, MD	A	* Jane C. Perrin, MD	PM
850 E. Grand River #28 Brighton, MI 48116		6900 Orchard Lake Rd. #20 West Bloomfield, MI 48322		746 Purdy Birmingham, MI 48009	
* Donald C. Overy, MD	CD	* Andrew V. Pasternak, MD	P	* Panayotis C. Pesaros, MD	OM
880 Woodward #107 Pontiac, MI 48053		888 Woodward Ave. #405 Pontiac, MI 48341		3601 W. 13 Mile Rd. Royal Oak, MI 48073	
* Mehmet N. Ozdaglar, MD	GS	* Atulkumar S. Patel, MD	IM	* Mary R. Peters, MD	P
30600 N. Telegraph Rd. #22 Birmingham, MI 48010		18161 W. 13 Mile Rd. B-1 Southfield, MI 48076		4201 St. Antoine Rm. 9-C Detroit, MI 48201	
* Andis E. Ozolins, MD	IM	* B. G. Patel, MD	FP	* Albert H. Peterson, MD	DR
22255 Greenfield Rd. #231 Southfield, MI 48075		5770 M-15 Clarkston, MI 48016		31266 Claymore Farmington Hills, MI 48331	
* Artemio E. Pacquing, MD	GS	* Kiritkumar C. Patel, MD	IM	* Martin M. Pevzner, MD	IM
837 S. Lapeer Rd. Oxford, MI 48051		888 Woodward #503 Pontiac, MI 48341		29425 Northwestern Hwy. # Southfield, MI 48034	
* Robert C. Padilla, MD	IM	* Lopamudra A. Patel, MD	PM	* John R. Pfeifer, MD	CDS
4466 Stoneleigh Road Bloomfield Hills, MI 48302		5543 Hartford Ct. Birmingham, MI 48010		22250 Providence Dr. #700 Southfield, MI 48075	
* Anitha R. Padmanabhan, MD	P	* Vishnubhai U. Patel, MD	GS	* Keith J. Pierce, MD	IM
571 Brittany Ct. Rochester Hills, MI 48309-2613		414 Union St. Milford, MI 48042		29255 Northwestern Hwy. # Southfield, MI 48034	
* Divakar Pai, MD	IM	* Lingraj S. Patil, MD	PUD	* Rita J. Pink, MD	R
3160 Quail Ridge Cir. Rochester Hills, MI 48309		32905 W. 12 Mile Rd. #450 Farmington Hills, MI 48018		888 Woodward Ave. #106 Pontiac, MI 48341	
* Lee Do Paik, MD	AN	* Michael A. Patt, MD	AN	* Andrew D. Pitonyak, MD	AN
4217 Sedgemoor Lane Bloomfield Hills, MI 48013		1510 Surria Ct. Bloomfield Hills, MI 48304		3344 Collins Rd. Oakland, MI 48363	
* Choon Whan Pak, MD	AN	* Lowell S. Paul, MD	IM	* Kenneth E. Pitts, MD	P
1101 W. University Dr. Rochester, MI 48307		30335 W. 13 Mile Rd. #100 Farmington Hills, MI 48018		42450 W. 12 Mile Rd. #305 Novi, MI 48377	
* Moon J. Pak, MD	IM	* Sander J. Paul, MD	IM	* Efren F. Platon, MD	IM
5555 Shadow Lane Bloomfield Hills, MI 48013		5813 W. Maple Rd. #131 West Bloomfield, MI 48322		24333 Orchard Lake Rd. A Farmington Hills, MI 48024	
* Michael J. Paletta, MD	IM	Charles F. Payton, MD	PD	* Michael D. Pochron, MD	HS
6777 W. Maple Rd. West Bloomfield, MI 48322		14440 N. Choctaw Dr. Tucson, AZ 85737		17877 W. 14 Mile Rd Birmingham, MI 48009	
* Carl E. Palffy, MD	IM	* Ralph D. Pearlman, MD	GS	Arnold M. Podolsky, MD	A
880 Woodward Ave. #101 Pontiac, MI 48053		22250 Providence Dr. #701 Southfield, MI 48075		25881 Pembroke Huntington Woods, MI 48070	
* Fouad Panah, MD	R	Robert A. Pearlman, MD	P	* Mitchell Z. Pollak, MD	ORS
36475 Five Mile Rd. Dept. of Radiology Livonia, MI 48154		26111 W. 14 Mile Rd. #101 Franklin, MI 48025		23800 W. Ten Mile Rd. #23 Southfield, MI 48034	
* Jalal Panah, MD	OBG	* Leon E. Pedell, MD	IM	* Robert Pool, MD	PS
1560 Clarendon Bloomfield Hills, MI 48013		P.O. Box 8225 Bloomfield Hills, MI 48302		800 S. Adams Birmingham, MI 48009	
* Daniel E. Panush, MD	IM	William H. Peirce, MD	PD	* Patrick D. Poole, MD	IM
29255 Northwestern Hwy. # Southfield, MI 48034		1028 Suffield Birmingham, MI 48009		2520 S. Telegraph Rd. #10 Bloomfield Hills, MI 48302	
* Pamela C. Papas-Corden, M	PTH	* Ronald D. Pelavin, MD	IM	* Sonjai Poonpanij, MD	IM
22945 Fox Creek Farmington Hills, MI 48335		28625 Northwestern Hwy. # Southfield, MI 48034		P O Box 938 Rochester, MI 48063	
* John L. Pappas, MD	AN	* J. S. Pensavecchia, MD	AN	* Anthony C. Porretta, MD	OPH
2537 Somerset #116 Troy, MI 48084		3235 Walma Drive Orchard Lake, MI 48324		17100 W. 12 Mile Rd. Southfield, MI 48076	
* Michael D. Pappas, MD	PD	* Luisa F. Perez, MD	PTH	* Charles A. Porretta, MD	ORS
14965 Overbrook Dr. #313 Southgate, MI 48195		4876 Quarton Road Bloomfield Hills, MI 48302		22250 Providence Dr. #401 Southfield, MI 48075	
* Rasik Parikh, MD	IM	* Judith K. Perigo, MD	PS	Kenneth F. Porter, MD	AN
1265 W. Huron Pontiac, MI 48054		27650 Farmington Rd. #106 Farmington Hills, MI 48334		2709 Bradway Blvd. Birmingham, MI 48010	
* S. William Paris, MD	A	* Phillip E. Perkins, MD	R	* Leonard J. Portner, MD	FP
27970 Orchard Lake Rd. Farmington Hills, MI 48018		4827 Mayflower Court Bloomfield Hills, MI 48302-2439		27730 Fairway Hills Dr. Franklin, MI 48025	
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				1431 Woodward Ave.	

MSMS Members by Counties

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Oakland (174)

Bloomfield Hills, MI 48013		888 Woodward Ave. #502 Pontiac, MI 48341		909 Woodward Ave. #132 Pontiac, MI 48053	
* Walter A. Poznanski, MD	P	* Steven M. Rapp, MD	NS	* George Ritter, MD	IM
251 Merrill Birmingham, MI 48009		888 Woodward #502 Pontiac, MI 48341-2985		28245 Southfield Rd. Lathrup Village, MI 48076	
* Rajendra Prasad, MD	CD	* Sanford J. Rautbort, MD	PUD	* Emiliano N. Rivera, MD	IM
101 Rochdale Suite A Rochester, MI 48063		31500 Telegraph Rd. #210 Birmingham, MI 48010		455 S. Livernois Rd. #A12 Rochester Hills, MI 48307	
* Constantin Predeteanu, MD	D	* Thammadi Ravikant, MD	GS	Joseph Rivkin, MD	PD
1575 W. Big Beaver Rd. #C Troy, MI 48084		44199 Dequindre #512 Troy, MI 48098		24545 Mulberry Southfield, MI 48034	
* Stephen G. Priest, MD	CRS	* K P. Ravikrishnan, MD	IM	* Carole B. Rizzo, DO	OBG
18161 W. 13 Mile Rd. #A-1 Southfield, MI 48076		3535 W. 13 Mile Rd. #507 Royal Oak, MI 48073		22250 Providence Dr. #218 Southfield, MI 48075	
Bruce Proctor, MD	OTO	James A. Read, MD	R	Herbert J. Robb, MD	CDS
3431 Baldwin Rd. Auburn Hills, MI 48326		175 E. Hickory Grove Bloomfield Hills, MI 48304		2706 Comfort West Bloomfield, MI 48033	
* Conrad A. Proctor, MD	OTO	William R. Rech, MD	FP	* Robert M. Robins, MD	OBG
3535 W. 13 Mile Rd. #307 Royal Oak, MI 48073		1994 Meadow Ridge Rd. Walled Lake, MI 48390		1695 Woodward Ave. #106 Bloomfield Hills, MI 48302	
Frank W. Prust, MD	GS	* Chandra S. Reddy, MD	CD	* David J. Rodgers, MD	FP
8764 Midnight Pass Rd. #5 Island Reef Sarasota, FL 34242		950 W. Avon Rd. #2 Rochester, MI 48063		461 W. Huron St. Pontiac, MI 48341	
Andrew W. Prychodko, MD	IM	* Juvaala M. Reddy, MD	P	* Harold Rodner, MD	IM
36 Fairwood Pleasant Ridge, MI 48069		26711 Woodward Ave. 3200 Huntington Woods, MI 48070		4256 Ewell Court Bloomfield Hills, MI 48302	
* Thomas J. Przybylski, MD	GS	* Suguna C. Reddy, MD	P	* Thomas F. Roe, MD	FP
963 Oakwood Drive Rochester, MI 48063		4201 St. Antoine Rm 9-C Detroit, MI 48201		38124 Mallory Livonia, MI 48154	
* Stewart E. Pursel, MD	TS	* Vinay N. Reddy, MD		* Bernardo A. Rojas, MD	IM
3535 W. 13 Mile Rd. #205 Royal Oak, MI 48073		2601 Wendover Ave. Bloomfield Hills, MI 48013		44199 Dequindre #503 Troy, MI 48098	
* James R. Quinn, MD	OPH	* Robert E. Reid, MD	OBG	* Robert R. Roman, MD	PD
888 Woodward Ave. 203 Mercy Medical Bldg. Pontiac, MI 48341		3535 W. 13 Mile Rd. #201 Royal Oak, MI 48073		30335 13 Mile Rd. #103 Farmington Hills, MI 48018	
* Jarlath Quinn, MD	GS	* Richard C. Reilly, MD	ORS	* John R. Romanik, MD	PD
22250 Providence Dr. #209 Southfield, MI 48075		909 Woodward Ave. #14 Pontiac, MI 48341		39500 W. Ten Mile Rd. Novi, MI 48050	
* Jorge A. Quiroz, MD	GS	* Isabello C. Reyes, MD	IM	* Eugene Rontal, MD	OTO
435 Hickory St. Milford, MI 48042		17000 Jill Ave. Southfield, MI 48075-3416		28500 Orchard Lake Rd. Farmington Hills, MI 48334	
* Abner I. Ragins, MD	IM	* Robert E. Richard, MD	PD	* Michael Rontal, MD	OTO
888 Woodward Ave. #204 Pontiac, MI 48341-2975		1640 Apple Lane Bloomfield Hills, MI 48302		28500 Orchard Lake Rd. Farmington Hills, MI 48334	
* Sri R. Ram, MD	PS	* Ralph W. Richardson, MD	DR	* Edward A. Rose, MD	FP
1550 N. Woodward #202 Birmingham, MI 48009		888 Woodward Ave. #106 Pontiac, MI 48341		39575 Ten Mile Rd. #205 Novi, MI 48050	
* Usha S. Ram, MD	OBG	* William N. Richardson, MD	FP	* Jerome F. Rose, MD	OBG
2520 S. Telegraph Rd. #10 Bloomfield Hills, MI 48013		30009 Van Dyke BOC Bldg. Warren, MI 48090		3023 N. Woodward Ave. #20 Royal Oak, MI 48073	
* Daisy P. Ramos, MD	D	* John J. Rick, MD	IM	* Steven S. Rosen, MD	R
1551 W. Big Beaver Rd. #D Troy, MI 48084		16001 W. Nine Mile Rd. Southfield, MI 48075		6177 Pickwood Dr. West Bloomfield, MI 48322	
* Renato G. Ramos, MD	CD	* Rouchdi M. Rifai, MD	PS	* Alan H. Rosenbaum, MD	P
3535 W. 13 Mile Rd. #205 Royal Oak, MI 48073		17100 W. 12 Mile Rd. #1 Southfield, MI 48076		28800 Orchard Lake Rd. #2 Farmington Hills, MI 48334	
Kenneth I. Ranney, MD	OBG	Harry L. Riggs, MD	GP	* Jerry H. Rosenberg, MD	ORS
116 Mt. Vernon Blvd. Royal Oak, MI 48073		149 Franklin Blvd. Pontiac, MI 48053		22250 Providence Dr. #100 Southfield, MI 48075	
* Lori S. Ranval, MD	OBG	* Steven D. Rimar, MD	GS	* Ronald W. Rosenberg, MD	OBG
32905 12 Mile Rd. #350 Farmington Hills, MI 48018		3535 W. 13 Mile Rd. #247 Royal Oak, MI 48073		44199 Dequindre Rd. #203 Troy, MI 48098	
* Zerin J. Rao, MD	R	* James A. Rising, MD	PTH	* Solomon I. Rosenblatt, MD	END
2017 Middlebelt Garden City, MI 48135		900 Woodward Ave. Pontiac, MI 48341		5813 W. Maple Rd. #131 West Bloomfield, MI 48322	
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				28625 Northwestern Hwy. #	

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Southfield, MI 48034		Birmingham, MI 48010		* John R. Sanborn, MD	OBG
* Leonard J. Rosenthal, MD	PUD	Joseph J. Ruva, MD	GP	300 Park #420	
888 Woodward #102		233 Alsace Ave.		Birmingham, MI 48009	
Pontiac, MI 48341-2975		Venice, FL 34293		* Brenda L. Sanford, MD	ORS
Felix F. Rosenwach, MD	EM	* Merle F. Rydesky, MD	EM	5210 Highland Rd. #204	
20821 Wakefield Way		3100 Parkland Drive		Waterford, MI 48327	
Southfield, MI 48076		West Bloomfield, MI 48322		Glenn A. Sanford, MD	ORS
* Jonathan Rosenzweig, MD	IM	* Enrique Sabbagh, MD	PS	9125 Oak Hill	
2715 Brockman		17100 W. 12 Mile Rd.		Holly, MI 48442	
Ann Arbor, MI 48104		Southfield, MI 48076		* Rahul Sangal, MD	P
* Donald S. Rosin, MD	IM	* Nison Sabin, MD	NEP	44199 Dequindre #403	
1401 S. Washington		6815 Vachon		Troy, MI 48098	
Royal Oak, MI 48067		Birmingham, MI 48010		Thomas J. Sansone, MD	OBG
* Glenn A. Rosin, MD	AN	* Bruce M. Sack, MD	P	2522 Crofton Ct.	
948 E. Long Lake Rd.		28800 Orchard Lake Rd. #2		Bloomfield Hills, MI 48013	
Bloomfield Hills, MI 48013		Farmington Hills, MI 48334		* Raphael J. Sapeika, MD	OPH
* Arthur J. Rosner, MD	OTO	* Alex Sackeyfio, MD	P	4215 Orchard Crest Dr.	
3970 Winterset Ct.		22016 W. Valley Woods		West Bloomfield, MI 48033	
West Bloomfield, MI 48323		Birmingham, MI 48010		* Prasantha K. Sarcas, MD	R
* Allan J. Ross, MD	IM	* Abdul R. Sadik, MD	R	19761 Beaconsfield	
18161 W. 13 Mile Rd. #E-1		One Ajax Drive #130		Harper Woods, MI 48225	
Southfield, MI 48076		Madison Heights, MI 48071		* P. Sarnsethsiri, MD	ORS
* Arthur J. Ross, MD	R	* Shahzad Sadiq, MD	DR	2427 Hunt Club Dr.	
21500 W. 11 Mile Rd.		888 Woodward Ave. #106		Bloomfield Hills, MI 48304	
Southfield, MI 48076		Pontiac, MI 48341		* A. R. Satyanathan, MD	IM
* Marta E. Ross, MD	GS	Vincent J. Sadovsky, MD	ORS	P.O. Box 125	
16111 Kinross St.		12515 Paintbrush Dr		Romeo, MI 48065	
Birmingham, MI 48009		Sun City West, AZ 85375		* Marilyn A. Sauder, MD	GS
* Herbert W. Rossin, MD	IM	* Robert G. Saieg, MD	OBG	25500 Bella Donna	
31350 Telegraph Rd.		44199 Dequindre #408		South Lyon, MI 48178	
Birmingham, MI 48010		Troy, MI 48098-1114		* Robert M. Savin, MD	OBG
* Herbert J. Roth, MD	PD	* Inder J. Saini, MD	PD	1956 N. Kilburn	
20180 W. 12 Mile Rd.		2959 Crooks Rd. #4		Rochester, MI 48063	
Southfield, MI 48076		Troy, MI 48084		* Mohammedi N. Savliwala, M	PD
* Mark S. Roth, MD	PD	* Daniel J. Sak, DO	PUD	10 W. Square Lake Rd. #20	
115 E. Long Lake Rd.		888 Woodward Ave. #102		Bloomfield Hills, MI 48302	
Troy, MI 48098		Pontiac, MI 48341		* Howard J. Sawyer, MD	OM
* Theodore L. Roumell, MD	OBG	* Marc P. Sakwa, MD	TS	2921 W. Grand Blvd.	
1050 W. University Dr.		1663 W. Big Beaver		Detroit, MI 48202	
Rochester, MI 48063		Troy, MI 48084		* David G. Schaefer, MD	CD
* Michael S. Rowe, MD	AI	* Isam N. Salah, MD	IM	967 Oakwood	
24230 Karim Blvd. #130		1771 Woodward #112		Rochester, MI 48063	
Novi, MI 48375		Bloomfield Hills, MI 48013		* Sharon M. Schafer, MD	AN
* Saul M. Rubenstein, MD	OPH	* Farouk Salahi, MD	IM	5741 Folkstone	
6875 Dixie Hwy.		65480 Van Dyke #D		Troy, MI 48098	
Clarkston, MI 48016		Romeo, MI 48065		* Hal K. E. Schaffer, MD	D
* Mark H. Rubinstein, MD	OPH	* Robert S. Salamon, MD	ORS	20240 W. 12 Mile Rd.	
29877 Telegraph #100		31185 Westwood Ct.		Southfield, MI 48076	
Southfield, MI 48034		Farmington Hills, MI 48018		* Norman R. Schakne, MD	P
0003522809		* Nanda G. Salem, MD	IM	26711 Woodward #200	
* Newton C. Ruch, MD	AN	23077 Greenfield #d. #104		Huntington Woods, MI 48070	
32945 Franklin Ct.		Southfield, MI 48075		* Mark B. Schare, MD	OBG
Franklin, MI 48025		Carolyn S. Salisbury, MD	PD	6900 Orchard Lake Rd. #21	
* Earl J. Rudner, MD	D	1405 Sierra Dr.		West Bloomfield, MI 48322	
4400 Town Center Bldg. #1		Sun City, AZ 85351		* Michael J. Schenden, MD	PS
Southfield, MI 48075		* Allan I. Salomon, MD	A	755 W. Big Beaver #2222	
* Donald F. Rupprecht, MD	OBG	32905 W. 12 Mile Rd. #440		Troy, MI 48084	
83 E. Avon Rd.		Farmington Hills, MI 48018		* John M. Schimpke, MD	
Rochester, MI 48307		* L. Carl Samberg, MD	ORS	2074 Lake Angelus Shores	
Alva D. Rush, MD	D	3023 Woodward Ave. #100		Lake Angelus, MI 48326	
1775 E. 14 Mile Rd.		Royal Oak, MI 48073		* David Schindler, MD	FP
Birmingham, MI 48009		Anne H. Samborski, MD	P	23985 Novi Rd.	
* David S. Ruskin, MD	GS	32600 Grand River		Novi, MI 48050	
3535 W. 13 Mile Rd. #241		Farmington, MI 48024		* Joseph L. Schirle, MD	EM
Royal Oak, MI 48073		* Ronaldo N. San Juan, MD	CD	26900 W. 11 Mile Rd. Box	
Julius Rutzky, MD	PTH	20307 W. 12 Mile Rd. #101		Southfield, MI 48086	
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* Jerome J. Schneyer, MD	FP	* Ismail B. Sendi, MD	CHP	* Gerald A. Shiener, MD	P
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555 Barclay Cir. #140 Rochester Hills, MI 48307		35 S. Johnson #3-D Pontiac, MI 48341		2800 N. Woodward #103 Bloomfield Hills, MI 48013	
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800 S. Adams Birmingham, MI 48009		94 Ottawa Dr. Pontiac, MI 48341		909 Woodward Pontiac, MI 48341	
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1555 S. Woodward Ave. #10 Bloomfield Hills, MI 48013		1307 S. Washington Royal Oak, MI 48067		2055 Crooks Rd. Rochester Hills, MI 48309	
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3031 N. altadena Royal Oak, MI 48073		4065 Saginaw Trail Waterford, MI 48329		29201 Telegraph Rd #301 Southfield, MI 48034	
* David Schwartz, MD	P	* Wahib M. Shaker, MD	OBG	* Marc J. Siegel, MD	OPH
6902 Chicago Rd. Warren, MI 48092		1575 Woodward #109 Bloomfield Hills, MI 48302		29201 Telegraph Rd. #301 Southfield, MI 48034	
* Lawrence R. Schwartz, MD	EM	* Gokuldas H. Shanbhag, MD	AN	* Marvin D. Siegel, MD	D
3601 W. 13 Mile Rd. Royal Oak, MI 48073		2099 Wabeek Lake Ct. Bloomfield Hills, MI 48013		1095 W. Huron Pontiac, MI 48053	
Oscar D. Schwartz, MD	D	* Howard S. Shapiro, MD	IM	* Michael T. Siegel, MD	D
16500 North Park Dr. #920 Southfield, MI 48075		23077 Greenfield Rd. #104 Southfield, MI 48075		5229 Hardwoods Dr. West Bloomfield, MI 48033	
* Richard S. Schwartz, MD	D	* Joan H. Shapiro, MD	OBG	* Sheldon N. Siegel, MD	P
5885 M-15 Clarkston, MI 48016		23800 Orchard Lake Rd. #2 Farmington Hills, MI 48336		1525 University Dr. Auburn Hills, MI 48326	
* Gordon P. Scratch, MD	NS	* Melvin B. Sharf, MD	D	* Sumet Silapaswan, MD	GS
3535 W. 13 Mile Rd. #704 Royal Oak, MI 48073		1385 E. 12 Mile Rd. Madison Heights, MI 48071		22250 Providence Dr. #303 Southfield, MI 48075	
* Andrew E. Segal, MD	D	* Shobha R. Sharma, MD	OBG	* Michael A. Sills, MD	IM
29877 Telegraph Rd #300 Southfield, MI 48034		2932 River Trail Rochester Hills, MI 48309		30100 Telegraph Rd. #177 Birmingham, MI 48010	
* Phyllis G. Segal, MD	P	* Harry Shecter, MD	PTH	* Richard D. Sills, MD	IM
32813 Middlebelt #204 Farmington Hills, MI 48334		31416 Stonewood Court Farmington Hills, MI 48018		30100 Telegraph Rd. Birmingham, MI 48010	
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2317 Rancrot Beat Rochester Hills, MI 48306		6897 Pebble Park Circle West Bloomfield, MI 48033		4584 Middleton Rd. Orchard Lake, MI 48033	
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4243 Eastwood Dr. Sarasota, MI 34232		5120 Hollow Court Bloomfield Hills, MI 48013		26111 W. 14 Mile Rd. #103 Franklin, MI 48025	
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31337 Downing Place Birmingham, MI 48009		2295 Chestnut Drive Bloomfield Hills, MI 48013		1460 Walton Blvd. #203 Rochester Hills, MI 48309	
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2674 Hunters Bluff Bloomfield Hills, MI 48013		199 W. Brown Birmingham, MI 48009		16800 W. 12 Mile Rd. #205 Southfield, MI 48076	
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		30057 Orchard Lake Rd. #2		785 N. Lapeer Rd. Box 99 Lake Orion, MI 48361	

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Oakland (174)

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* Chris T. Sloan, MD	OBG	* Marvin L. Starman, MD	P	* Guat S. Sy, Jr., MD	GS
3601 W. 13 Mile Rd. Royal Oak, MI 48073		21701 W. 11 Mile Rd. #10 Southfield, MI 48076		29828 Cottonwood Ct. Farmington Hills, MI 48331	
* Delano R. Small, MD	CD	* Robert D. Steele, MD	R	* Mahmud U. Syed, MD	IM
22250 Providence Dr. Southfield, MI 48075		888 Woodward Ave. #106 Pontiac, MI 48341		3870 Burning Tree Bloomfield Hills, MI 48013	
Donald S. Smith, MD	IM	* Hans J. Stein, MD	CRS	* Susanna Szelestey, MD	OBG
12500 Rattalee Lake Rd. Davisburg, MI 48019		1121 Crooks Rd. Royal Oak, MI 48067		30498 Fox Club Dr. Farmington Hills, MI 48331	
George E. Smith, MD	OBG	Edward M. Stempel, MD	PYA	* Mones Takriti, MD	IM
Rte #1, Box 25A Central Lake, MI 49622		25535 Wareham Dr. Huntington Woods, MI 48070		888 Woodward Ave. #303 Pontiac, MI 48341	
* Gregory F. Smith, MD	AN	* Willis H. Stephens, MD	OBG	* Kathryn W. Talbot, MD	PD
4475 Dow Ridge Rd. West Bloomfield, MI 48033		189 Townsend #200 Birmingham, MI 48009		2917 Vinsetta Royal Oak, MI 48073	
* Joann M. Smith, MD	OBG	* Robert L. Stephenson, MD	OPH	* Lawrence G. Talbot, MD	OPH
6900 Orchard Lake Rd. #10 West Bloomfield, MI 48322		800 S. Adams Birmingham, MI 48009		6900 Orchard Lake Rd. #30 West Bloomfield, MI 48322	
* Michael D. Smith, MD	OBG	* Sheldon D. Stern, MD	OPH	* Ghalib Y. Talia, MD	GS
555 Barclay Circle #150 Rochester Hills, MI 48063		28 W. Adams #802 Detroit, MI 48226		888 Woodward Ave. #301 Pontiac, MI 48341	
* Ronald E. Smith, MD	R	* Raymond A. Stevens, Jr.	IM	* Elaine H. Tan, MD	PD
888 Woodward Ave. #106 Pontiac, MI 48341		940 W. Avon #7 Rochester, MI 48063		2281 Seascape Ct. Johns Island, SC 29455	
* Alfred H. Sokolowski, MD	OTO	* James R. Stewart, MD	CD	King L. Tan, MD	GS
4476 W. Maple Rd. Birmingham, MI 48010		2575 Woodward Ave. #300 Berkley, MI 48072		2281 Seascape Ct. Johns Island, SC 29455	
* William Solomon, MD	IM	* Sheldon S. Stoffer, MD	IM	* Thian Lai Tan, MD	IM
28625 Northwestern Hwy. # Southfield, MI 48034		28625 Northwestern Hwy. # Southfield, MI 48034		940 W. Avon Rd. #9 Rochester, MI 48307	
* Robert W. Sommer, MD	P	A. Kenneth Stolpman, MD	OBG	* Antoinette Tanay, MD	D
4201 St. Antonie Rm. 9-C Detroit, MI 48201		32357 Inglewood Birmingham, MI 48009		31815 Southfield Rd. #17 Birmingham, MI 48009	
* Freddy R. Sosa, MD	IM	* Jon L. Stolte, MD	GS	* Dick A. Tarpinian, MD	IM
24333 Orchard Lake Farmington Hills, MI 48336		1745 Tiverton Rd. #24 Bloomfield Hills, MI 48013		3535 W. 13 Mile Rd. #407 Royal Oak, MI 48073	
* Allen Sosin, MD	AI	* Kevin T. Stone, MD	GS	* Edward A. Tashjian, MD	PM
23023 Orchard Lk Rd Bldg Farmington, MI 48024		3331 Ravena Ave. Royal Oak, MI 48073		1575 Woodward Ave. #108 Bloomfield Hills, MI 48302	
* Ramon Souffront, MD	IM	* Richard E. Straith, MD	PS	* Robert Tawil, MD	AN
P.O. Box #588 Lake Orion, MI 48035		17100 W. Twelve Mile Rd. Southfield, MI 48076		26021 Stratford Place Oak Park, MI 48237	
* Lisa B. Speck, MD	IM	* Bernard J. Stremler, MD	AN	* Charles I. Taylor, MD	END
32905 12 Mile Rd. #400 Farmington Hills, MI 48018		4637 Hollow Corners Rd. Dryden, MI 48428		6900 Orchard Lake Rd. #20 West Bloomfield, MI 48322	
* William F. Spencer, MD	U	* James D. Stroud, MD	D	* Donald M. Taylor, MD	OBG
3535 W. 13 Mile Rd. #501 Royal Oak, MI 48072		22250 Providence Dr. #301 Southfield, MI 48075		1629 W. Big Beaver Rd. Troy, MI 48084-3501	
* Alan V. Spigelman, MD	OPH	* John H. Stunz, MD	PM	* Glenn E. Taylor, MD	FP
29275 Northwestern Hwy. # Southfield, MI 48034		735 Ardmoor Drive Birmingham, MI 48010		23985 Novi Rd. Novi, MI 48050	
* Henry J. Spiro, MD	OPH	* Stephen W. Sturmman, MD	D	* Ronald S. Taylor, MD	PM
3003 Woodward Berkley, MI 48072		41965 W. 12 Mile Rd. Novi, MI 48050		3535 W. 13 Mile Rd. #437 Royal Oak, MI 48073	
Earle W. Spohn, MD	GP	* Bashar Succar, MD	OTO	* John E. Temple, MD	R
414 Hendrie Blvd. Royal Oak, MI 48073		888 Woodward Ave. #305 Pontiac, MI 48341		15901 W. 9 Mile Rd. #110 Southfield, MI 48075	
* Carolyn P. Sprague, MD	AN	* John R. Suchomel, MD	OPH	* Nicholas A. Tepe, MD	VS
4573 Chelsea Lane Birmingham, MI 48010		10160 Kingston Huntington Woods, MI 48070		3535 W. 13 Mile Rd. #205 Royal Oak, MI 48073	
Stanko Stanisavljevic, MD	ORS	* Lawrence C. Sweet, MD	A	* Travis D. Terrell, MD	OBG
2288 Private Dr. Pontiac, MI 48326		999 Putney Birmingham, MI 48009		1443 Oakwood Sylvan Lake, MI 48053	
* Jared W. Stark, MD	PD	* Dionisia A. Sy, MD	PD	* Allen N. Tesser, MD	D
		22341 W. 8 Mile Rd.		37300 Dequindre #200 Sterling Heights, MI 48310	

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Oakland (174)

* Martin E. Tessler, MD	D	29275 Northwestern Hwy. # Southfield, MI 48034		17237 Goldwin Southfield, MI 48075	
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		29255 Northwestern Hwy. # Southfield, MI 48034		888 Woodward Ave. #206 Pontiac, MI 48341	
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264 Lone Pine Court Bloomfield Hills, MI 48304		3535 W. 13 Mile Rd. #648 Royal Oak, MI 48073		6777 W. Maple Rd. West Bloomfield, MI 48322	
* Susan S. Thoms, MD	OPH	* Nestor Truccone, MD	PDC	* Thomas G. Varbedian, MD	OPH
31815 Southfield #25 Birmingham, 174 P		2515 Woodward Ave. #270 Bloomfield Hills, MI 48304		195 W. Brown St. Birmingham, MI 48009	
* Allan K. Thorburn, MD	P	Donald J. Trumpour, MD	PD	* William J. Vasileff, MD	PS
1525 University Drive Auburn Hills, MI 48057		2925 W. 13 Mile Rd. #306 Royal Oak, MI 48073		525 Southfield Rd. Birmingham, MI 48009	
* Gerald C. Timmis, MD	IM	* George J. Tsiatalas, MD	GS	* Ganesh K. Vathiyam, MD	AN
3535 W. 13 Mile Rd. #205 Royal Oak, MI 48073		30675 Stephenson Hwy. Madison Heights, MI 48071		26711 Woodward #350 Huntington Woods, MI 48070	
* Hilary H. Timmis, MD	TS	* Kang-Lee Tu, MD	OBG	* Clarence B. Vaughn, MD	IM
31771 Robinhood Birmingham, MI 48010		24353 Orchard Lake Rd. Farmington Hills, MI 48336		27211 Lahser Rd. #200 Southfield, MI 48034	
* Timothy J. Tinetti, MD	IM	* Constance J. Tubbs, MD	OBG	* Annette Vaughn-Bostic, MD	ON
31815 Southfield Rd. #22 Birmingham, MI 48009		22255 Greenfield Rd. #422 Southfield, MI 48075		27211 Lahser Rd. #200 Southfield, MI 48034	
* Yoch M. Ting, MD	R	* Jeffrey Tulin-Silver, MD	IM	* Habib Vaziri, MD	P
3960 Moselle Dr. West Bloomfield, MI 48323		6330 Orchard Lake Rd. #11 West Bloomfield, MI 48322		888 Woodward Ave. #405 Pontiac, MI 48341	
* Judith E. Tintinalli, MD	EM	* Martin A. Tuma, MD	GS	* Jimmie J. Ver Lee, MD	AN
3601 W. 13 Mile Rd. Royal Oak, MI 48073		1940 Wellesley Drive Detroit, MI 48203		461 W. Huron Pontiac, MI 48053	
* Rodrigo Tobar, Jr., DO	FP	* Cevdet Turan, MD	GS	* A. N. Vettraino, MD	FP
37284 Brentwood Cir. Farmington Hills, MI 48331		3256 Palm-Aire Dr. Rochester Hills, MI 48309		461 W. Huron Family Practice Center Pontiac, MI 48341	
* John L. Tofaute, MD	ORS	* Narendra S. Tyagi, MD	GS	* David E. Vincent, MD	P
2755 Colonial Way Bloomfield Hills, MI 48304		4000 Highland Rd. #101 Waterford, MI 48320		29260 Franklin Rd. #111 Southfield, MI 48034	
* Bharat M. Tolia, MD	N	* Attila O. Ulgentalp, MD	GS	* Sherry L. Viola, MD	PM
2515 Woodward #280 Bloomfield Hills, MI 48013		909 Woodward Ave. #123 Pontiac, MI 48053		3535 W. 13 Mile Rd. #437 Royal Oak, MI 48073	
* Ronald C. Tomas, MD	IM	* Alexander S. Ullmann, MD	PTH	* Carlos A. Vivas, MD	U
444 Michigan #400 Michigan Bell Detroit, MI 48226		1101 W. University Dr. Rochester, MI 48063		1915 E. 14 Mile Rd. Birmingham, MI 48008	
* Amod S. Tootla, MD	GS	* Robert S. Underhill, MD	P	* Robert A. Vogt, MD	DR
909 Woodward Ave. #122 Pontiac, MI 48053		838 Long Lake Rd. Bloomfield Hills, MI 48013		2021 Beekman Ct. Flint, MI 48532	
* Farouk S. Tootla, MD	CRS	William T. Unkefer, MD	OBG	* Paul T. Von Oeyen, MD	OBG
909 Woodward Ave. #122 Pontiac, MI 48053		2210 Kaukauna Ct. Traverse City, MI 49684		3601 W. 13 Mile Rd. Dept/ Royal Oak, MI 48073	
Alfred Touma, MD	OPH	* Catherine A. Upton, MD	IM	* Kirit K. Vora, MD	U
3 Norwich Rd. Pleasant Ridge, MI 48069		441 S. Livernois Rd. Rochester, MI 48307		44199 Dequindre #202 Troy, MI 48098	
Kenneth N. Trader, MD	OBG	* Kenneth L. Urwiller, MD	U	* Andrew J. Vosburgh, MD	IM
18161 Blue Heron Dr. Northville, MI 48167		4470 Barchester Dr. Bloomfield Hills, MI 48302		523 Royal Ave. Royal Oak, MI 48073	
* John H. Traylor, III, MD	AN	* Gangadhar V. Vaishampayan	ON	* Harold R. Wagenberg, MD	D
19611 Dorset Southfield, MI 48075		330 W. Tienken Rd. Rochester Hills, MI 48306		22250 Providence Dr. #301 Southfield, MI 48075	
* Edward J. Treisman, MD	GS	* Otonas Vaitas, MD	FP	* Elliot C. Wagenheim, MD	P
22250 Providence Southfield, MI 48075		23800 Orchard Lake Rd #10 Farmington Hills, MI 48024		1025 E. Maple #104 Birmingham, MI 48009	
* Raymond L. Tremblay, MD	IM	Jay J. Van Zoeren, MD	P	* K. Steven Wagner, MD	OBG
2370 Walton Blvd. Rochester Hills, MI 48309		1411 Dorchester Birmingham, MI 48009		2787 Squirrel Rd. Bloomfield Hills, MI 48013	
* Michael T. Trese, MD	OPHO	Kenneth Vanden Berg, MD	GS	* Susan L. Wainwright, MD	P
3535 W. 13 Mile Rd. #507 Royal Oak, MI 48073		100 W. Hickory Grove Rd. Bloomfield Hills, MI 48013		28336 Franklin Rd. The Courtyard Office Park Southfield, MI 48034	
* Charles S. Tressler, MD	OPH	Seymour A. Vander, MD	GS	Douglas L. Wake, MD	PD

MSMS Members by Counties

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Oakland (174)

2712 N.E. 10th. St. Pompano Beach, FL 33062		Clarkston, MI 48347		* Robert K. Wise, MD	PD
* Richard H. Walker, MD	CLP	* Gerald F. Wery, MD	IM	20180 W. 12 Mile Rd. Southfield, MI 48076	
3601 W. 13 Mile Rd. Royal Oak, MI 48073		543 N. Main St. #221 Rochester, MI 48307		Joseph A. Witter, MD	GS
* Donald B. Wallace, MD	PS	Robert R. Wessels, MD	GS	694 Cascade Hills Ridge, Grand Rapids, MI 49546	
1579 W. Big Beaver Rd. Troy, MI 48084		2152 Tottenham Bloomfield Hills, MI 48301		* Charles B. Wolf, MD	PD
* Max T. Walsh, MD	OPH	* Edwin J. Westfall, MD	IM	6777 W. Maple Rd. West Bloomfield, MI 48033	
22250 Providence #304 Southfield, MI 48075		5400 Echo Rd. Bloomfield Hills, MI 48302		* Joyce G. Wolf, MD	PD
* Chung Y. Wang, MD	AN	* Richard A. Wetzel, MD	IM	511 Pierce Birmingham, MI 48009	
265 Strathmore Bloomfield Hills, MI 48304		3601 W. 13 Mile Rd. Royal Oak, MI 48073		* Sharon T. Wolf, MD	IM
* William S. Ward, MD	ORS	* Daniel B. White, MD	IM	28625 Northwestern Hwy. # Southfield, MI 48034	
880 Woodward Ave. #110 Pontiac, MI 48341		134 W. University Dr. #30 Rochester, MI 48063		* Warren E. Wolfe, MD	P
Frederick H. Warner, MD	OBG	* Louis I. White, MD	FP	280 N. Woodward Ave. # 303 Birmingham, MI 48009	
2995 St. Jude Drive Drayton Plains, MI 48020		1775 E. 14 Mile Rd. Birmingham, MI 48009		* Douglas R. Woll, MD	IM
* Marvin S. Weckstein, MD	P	R H. White, M	GP	363 W. Big Beaver Troy, MI 48084	
28290 Tavistock Trail Southfield, MI 48034		80 Harlan Drive Bloomfield Hills, MI 48013		* Gertraud Wollschlaeger, MD	R
* Toufic K. Wehbe, MD	OBG	* Glenn E. Whitted, MD	ORS	5885 Wing Lake Bloomfield, MI 48301	
35 S. Johnson #3-C Pontiac, MI 48053		22250 Providence Dr., S. Southfield, MI 48075		* Pluto K. Wong, MD	IM
* Jerrold H. Weinberg, MD	OBG	John L. Wiant, MD	FP	640 N. Woodward Ave. #101 Birmingham, MI 48009	
31500 Telegraph #120 Birmingham, MI 48010		1205 Chesterfield Birmingham, MI 48009		Kenneth A. Wood, MD	TS
* Sheldon A. Weiner, MD	OBG	* Jerome P. Wiater, MD	ORS	36513 Via Abeja Cathedral City, CA 92270	
3601 W. 13 Mile Rd. Royal Oak, MI 48073		17877 W. 14 Mile Rd. Birmingham, MI 48009		* Charles J. Woods, MD	OBG
Jeffrey L. Weingarten, MD	UO	Morton J. Wiener, MD	IM	280 N. Woodward #220 Birmingham, MI 48009	
455 S. Livernois #B24 Rochester, MI 48307		3400 S Ocean Blvd #15-F Highland Beach FL33431		* Robert D. Woodward, MD	P
* Jeffrey S. Weingarten, MD	OTO	* Christopher D. Wilhelm, MD	IM	4050 W. Maple Rd. #104 Birmingham, MI 48301	
22250 Providence Dr. #408 Southfield, MI 48075		543 Watkins Birmingham, MI 48009		* Robert F. Wylin, MD	PTH
* Lee M. Weinstein, MD	PD	* Todd S. Wilkinson, MD	IM	900 Woodward Ave. Pontiac, MI 48341	
16800 W. 12 Mile Rd. #205 Southfield, MI 48076		1777 Axtell #201 Troy, MI 48084		* Charles E. Yee, MD	PD
* Gerald S. Weintraub, MD	IM	* William C. Wilkinson, MD	OPH	5885 M-15 Clarkston, MI 48016	
3535 W. 13 Mile Rd. #305 Royal Oak, MI 48073		880 Woodward Ave #7 Pontiac, MI 48053		* Fatma Y. Yehia, MD	PD
* Rosalyn Y. Weintraub, MD	D	* George A. Williams, MD	OPH	1736 Crestline Drive Troy, MI 48084	
555 S. Woodward #509 Birmingham, MI 48009		3535 W. 13 Mile Rd. Royal Oak, MI 48072		* Howard M. Yerman, MD	OTO
* Lawrence S. Weisman, MD	GS	* Freeman M. Wilner, MD	HEM	28500 Orchard Lake Rd. #2 Farmington Hills, MI 48018	
28180 John R Madison Heights, MI 48071		3601 W. 13 Mile Rd. Royal Oak, MI 48073		* Mark B. Yestrepky, MD	AN
* Harold Weiss, MD	OPH	* Richard V. Wilson, MD	OBG	750 Box Canyon Ct. Rochester Hills, MI 48309	
29201 Telegraph #100 Southfield, MI 48034		39500 W. Ten Mile Rd. Novi, MI 48375		John R. Ylvisaker, MD	GS
* Morris Weiss, MD	P	* Raymond J. Winfield, Jr.,	U	875 Canterbury Crescent Bloomfield Hills, MI 48013	
28800 Orchard Lake Rd. #2 Farmington Hills, MI 48334		22250 Providence Dr. #203 Southfield, MI 48075		* Eva L. Youshock, MD	D
* Myra J. Weiss, MD	IM	* Ned Z. Winkelman, MD	PS	665 Apple Hill Lane Rochester Hills, MI 48306	
1777 Axtell Road Troy, MI 48084		1725 Woodward Ave #105 Bloomfield Hills, MI 48302		* Joe H. Yun, MD	IM
* Martin L. Weissman, MD	ORS	* Vincent Winkler-Prins, MD	IM	950 W. Avon Rd. Bldg. A Rochester Hills, MI 48307	
16800 W. 12 Mile Rd. #100 Southfield, MI 48076		4256 Orchard Lake Rd. Orchard Lake, MI 48033		* Ricardo A. Yuzon, MD	P
* Paul T. Werner, MD	FP	* Steven C. Winokur, MD	IM	949 Joslyn Rd. Lake Orion, MI 48035	
8216 Deerwood Rd. Clarkston, MI 48016		2801 N. Woodward #120 Royal Oak, MI 48073		* Karol Zakalik, MD	NS
* Stephen E. Werner, MD	ORS	* Leroy S. Wirthlin, MD	CDS	3535 W. 13 Mile Rd. #504 Royal Oak, MI 48073	
7901 Holcomb Rd. Box 368		26206 W. 12 Mile Rd. #100 Southfield, MI 48034		* Jeffrey M. Zaks, MD	IM

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Ottawa (186)

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* Dale A. Dykema, MD	OBG	Mary S. Kitchel, MD	AN	* John W. Oostendorp, MD	IM
844 S. Washington Ave. Holland, MI 49423		18317 North Shore Estates Spring Lake, MI 49456		200 S. Taft St. Zeeland, MI 49464	
* Russell L. Dykstra, MD	FP	* Steven K. Kraker, MD	IM	* David T. Ottenbaker, MD	FP
349 Wildwood Dr. Holland, MI 49423		844 S. Washington #2100 Holland, MI 49423		1310 Wisconsin Grand Haven, MI 49417	
* Donald M. Fix, MD	EM	* John B. Lange, MD	OM	* Henry Ottens, MD	ORS
17950 Holcomb Rd. Grand Haven, MI 49417		P.O. Box 1649 Holland, MI 49422		1310 Wisconsin Ave. Grand Haven, MI 49417	
* Mark N. Folkening, MD	OS	* James E. Lemire, MD	FP	* Roger A. Phillips, MD	IM
200 S. Taft Zeeland, MI 49464		291 W. Lakewood Blvd. Holland, MI 49423		601 Michigan Holland, MI 49423	
Melvin J. Frieswyk, MD	GP	* Derick J. Lenters, MD	OBG	Johannes D. Plekker, MD	P
145 Columbia Ave. #338 Holland, MI 49423		601 Michigan #203 Holland, MI 49423		3821 Lakeshore Ave Holland, MI 49424	
* Timothy L. Geerlings, MD	OBG	* Richard A. Leppink, MD	IM	* J. Jay Post, MD	FP
200 S. Taft St. Zeeland, MI 49464		601 Michigan Ave. Holland, MI 49423		P O Box 26 Allendale, MI 49401	
* Owen J. Gesink, MD	R	* Nancy L. Mac Donald, MD	PD	* Daniel B. Powers, MD	FP
310 Glengarry Court Holland, MI 49423		926 S. Washington Holland, MI 49423		1310 Wisconsin St. Grand Haven, MI 49417	
* William J. Gras, MD	OPH	* Robert C. Mahaney, MD	ORS	* Siamak A. Rahimi, MD	PTH
200 S. Taft Zeeland, MI 49464		844 S Washington Ave Holland, MI 49423		804 Hazelwood Ct. Holland, MI 49423	
* Steven J. Hamberg, MD	IM	* Keith D. Marcus, MD	IM	* Patricia L. Rehfield, DO	GP
745 W. 26th St. Holland, MI 49423		1300 Michigan, NE Grand Rapids, MI 49503		3165 24th Ave. Jamestown, MI 49427	
Herman P. Harms, MD	GS	* Bruce W. Martin, MD	FP	* Earl S. Rhind, MD	ORS
41 Beach Lane Crystal River, FL 32629		1310 Wisconsin #203 Grand Haven, MI 49417		653 Michigan Ave. Holland, MI 49423	
* Richard R. Harper, MD	DR	* Bruce A. Masselink, MD	GS	* M. Gary Robertson, MD	OBG
342 Waukazoo Dr. Holland, MI 49424		640 Michigan Ave. #200 Holland, MI 49423		1310 Wisconsin Ave. Grand Haven, MI 49417	
* Edward A. Hatt, MD	IM	* Peter A. Mc Arthur, MD	FP	William Rottschaefer, MD	GS
1310 Wisconsin #203 Grand Haven, MI 49417		1615 Gladys Ave. Grand Haven, MI 49417		990 South Shore Dr. Holland, MI 49423	
* James D. Hays, MD	GP	* G. Daniel Mc Neil, MD	IM	Lloyd S. Rotz, MD	GP
839 Arbor Ck. Dr. #108 Holland, MI 49423		844 S. Washington Holland, MI 49423		18240 Northshore Estates Spring Lake, MI 49456	
* Terrell K. Hebert, MD	FP	* Loren W. Meengs, MD	ORS	* Duane M. Saxton, MD	FP
1310 Wisconsin Ave. #102 Grand Haven, MI 49417		854 S. Washington #100 Shoreline Orth. & Sports Holland, MI 49423		P.O. Box 168 Zeeland, MI 49464	
* Michael Jacoby, MD	DR	Bernard Meeuwse, MD	U	Jon L. Schram, MD	GS
844 S. Washington Ave. Holland, MI 49423		13542 Gable Hill Dr. Sun City West, AZ 85375		601 Michigan Ave. #202 Holland, MI 49423	
* Robert W. Jasinski, MD	R	* David Meyer, MD	OBG	186 OBG	
842 Knollcrest Ave. Holland, MI 49423		844 S. Washington #1800 Holland, MI 49423		* Calvin J. Siegers, MD	OBG
* Don R. Judd, MD	OPH	* D. Jeffrey Mohr, MD	FP	844 S. Washington Ave. #1 Holland, MI 49423	
291 W. Lakewood Holland, MI 49423		3152 Port Sheldon Rd. Hudsonville, MI 49426		* Donald E. Sikkema, MD	IM
Joseph B. Kearney, MD	GS	* Henry J. Mulder, MD	P	1310 Wisconsin Grand Haven, MI 49417	
909 Ottawa Ave. Holland, MI 49423		950 Taylor Ave. Grand Haven, MI 49417		* Thomas A. Smith, MD	OPH
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10229 Lakeshore Dr. West Olive, MI 49460		1310 Wisconsin Ave. Grand Haven, MI 49417		* Timothy V. Smith, MD	FP
Gerrit J. Kemme, MD	FP	* David J. Mulligan, MD	DR	291 W Lakewood Blvd Holland, MI 49423	
230 S. State St. #107 Zeeland, MI 49464		844 S. Washington Holland, MI 49423		* Donald L. Stageman, MD	OTO
* Richard A. Kempf, MD	FP	* Frank A. Munden, Jr., MD	A	111 W. 24th St. Holland, MI 49423	
601 Michigan Ave. Holland, MI 49423		788 Columbia Ave. Holland, MI 49423-7031		Robert H. Stobbelaar, MD	GS
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1220 Oak Hampton		575 Robbins Professional Arts Bldg.		* L. Lamar Styer, MD	FP
				120 Waukazoo Drive	

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Ottawa (186)/ Saginaw (190)

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Tucson, AZ 85710		Holland, MI 49423		Saginaw, MI 48602	
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1310 Wisconsin		844 S. Washington Ave. #1		5820 Gratiot	
Grand Haven, MI 49417		Holland, MI 49423		Saginaw, MI 48603	
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Holland, MI 49423		Holland, MI 49423		Gladwin, MI 48624	
* Stephen A. Urbin, MD	ORS	* Dale A. Wiersma, MD	IM	* Henry B. Ancheta, MD	IM
854 S. Washington #100		844 S. Washington Ave.		459 Quarter St. Box 738	
Shoreline Orth. & Sports		Holland, MI 49424		Gladwin, MI 48624	
Holland, MI 49423		* Bradley L. Willoughby, MD	U	* Robert G. App, MD	FP
* Carl E. Van Krimpen, MD	IM	601 Michigan Ave.		4422 Forsythe Rd.	
640 Michigan Ave. #302		Holland, MI 49423		Saginaw, MI 48603	
Holland, MI 49423		John K. Winter, MD	GS	* Joseph N. Aquilina, MD	U
* Jerry E. Van Kuiken, MD	PD	813 Brook Village Dr.		3406 Davenport St.	
1310 Wisconsin Ave. #208		Holland, MI 49423		Saginaw, MI 48602	
Grand Haven, MI 49417		* Phillips H. Winter, MD	OTO	* Joseph W. Aquilina, MD	U
* Margaret D. Van Wylen, MD	P	16930 Inland Dr.		3406 Davenport	
817 Brook Village Drive		West Olive, MI 49460		Saginaw, MI 48602	
Holland, MI 49423		William G. Winter, MD	GP	* Mohammad B. Arbabi, MD	IM
* Stephen J. Van Wylen, MD	GS	655 College Ave.		3615 Christy Way, E. #3	
601 Michigan Ave.		Holland, MI 49423		Saginaw, MI 48603	
Holland, MI 49423		* Burton J. Wolters, MD	R	* George C. Arnas, MD	U
* Peter M. Vanden Berg, MD	GS	18536 Shawnee		3150 Hallmark Ct.	
640 Michigan Ave. #200		Spring Lake, MI 49456		Saginaw, MI 48603	
Holland, MI 49423		* Nasim A. Yacob, MD	IM	* Madan L. Arora, MD	IM
* R. J. Vanden Berg, MD	IM	148 E. Cherry St.		4100 Beecher Rd.	
200 Taft St.		Zeeland, MI 49464		McLaren Regional Cancer C	
Zeeland, MI 49464		* David J. Young, MD	IM	Flint, MI 48532	
* William L. Vander Vliet,	FP	844 S. Washington		* Manohar L. Atri, MD	N
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Holland, MI 49424		* Ataollah Zahed, MD	GS	1447 N. Harrison	
* Phil Vander Woude, MD	GS	152 E. Cherry St.		Saginaw, MI 48602	
601 Michigan Ave. #202		Zeeland, MI 49464		* Edward Austin, MD	GS
Holland, MI 49423				800 Cooper Ave. #2	
* Theo S. Vanderveen, MD	OTO			Saginaw, MI 48602	
1310 Wisconsin		Saginaw (190)		* Walter C. Averill, MD	FP
Grand Haven, MI 49417		* Deepak Agarwal, MD	R	3570 Shattuck	
* Steven J. Vandoornik, MD	N	4130 Maple Woods W.		Saginaw, MI 48603	
601 Michigan Ave #203		Saginaw, MI 48603		* Catherine M. Baase, MD	FP
Holland, MI 49423		* Renu F. Agarwal, MD	IM	2605 Willard	
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Hudsonville, MI 49426		* Raana W. Akbar, MD	PD	800 Cooper #10	
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Hudsonville, MI 49426		* Waheed Akbar, MD	ORS	6337 Golf Lakes Ct.	
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Holland, MI 49423		* Syed S. Akhtar, MD	GS	4705 Towne Ctr. #303	
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Saginaw (190)

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Saginaw (190)

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* Samuel V. Srinivasan, MD 4573 White Trillium Saginaw, MI 48603	PM	* Prabhundha M. Vanasupa, MD 4705 Towne Centre Rd. #30 Saginaw, MI 48604	NS	* Timothy B. Aiken, MD 2603 Electric Ave. #3 Port Huron, MI 48060	OPH
Aaron C. Stander, MD 4823 State Park Hwy. Interlochen, MI 49643	GP	* Alfonso A. Villegas, MD 595 N. Center Rd. Saginaw, MI 48603	ORS	* Jawaid Akhtar, MD 1201 Stone St. #5 Port Huron, MI 48060	CRS
* Jung K. Suhr, MD 3215 Hallmark Court Saginaw, MI 48603	IM	* John H. Vincent, MD 4046 Hess Saginaw, MI 48601	GP	* S. Akram Ali, MD 1217 Kearney St. #2 Port Huron, MI 48060	GS
* K. P. Sukumaran, MD 4449 Fashion Sq. Blvd. Saginaw, MI 48603	AN	* Robert L. Vitu, MD 3630 Shattuck Saginaw, MI 48603	FP	* Christine M. Anderson, MD 24911 Little Mack Ave. #C St. Clair Shores, MI 48080	FP
Hugh L. Sulfridge, MD 4505 N. River Road Freeland, MI 48623	ORS	* Barry F. Waite, MD 3570 Shattuck Saginaw, MI 48603	GP	* Shamshad Anwar, MD 1201 Stone St. #3 Port Huron, MI 48060	PUD
* Meena Tahilramani, MD 4200 Fashion Sq. Blvd. Saginaw, MI 48603	PD	* Lydia A. Watson, MD 1227 N. Michigan Ave. Saginaw, MI 48602	OBG	* Zeenat Anwar, MD 1201 Stone St. Port Huron, MI 48060	OBG
* Joseph E. Talbot, MD 1311 N. Michigan Rd. Saginaw, MI 48602	R	* Lester E. Webb, MD 1320 N. Michigan #5 Saginaw, MI 48602	FP	* Thabit M. Bahhur, MD 1206 Richardson St. Port Huron, MI 48060	IM
* Penput Tangsintanapas, MD 3055 Hallmark Ct. Saginaw, MI 48603	IM	* Daniel J. Wechter, MD 1000 Houghton Saginaw, MI 48602	OBG	Robert S. Bailey, MD 2880 Bardamar Drive Port Huron, MI 48060	U
Robert E. Taylor, MD 216 Cedar Rd. A Poquoson, VA 23662	AN	* James R. Weir, MD 800 Cooper #12 Saginaw, MI 48602	ORS	* Ronaldo S. Balboa, MD 1033 River St. Port Huron, MI 48060	IM
* Kriangsak Thepveera, MD 1731 N. Michigan Saginaw, MI 48602	IM	Arno W. Weiss, Sr., MD 9135 Greenway K-170 Saginaw, MI 48603	OTO	* Jere F. Baldwin, MD 2601 Electric Avenue Port Huron, MI 48060	FP
* Dennis M. Tibble, MD 925 N. Michigan Saginaw, MI 48602	OPH	* Arno W. Weiss, Jr., MD 800 Cooper #1 Saginaw, MI 48602	PS	Joseph A. Barss, MD 5708 145th Ave., SE Bellevue, WA 98006	GS
* Myles E. Tieszen, MD 217 S. Oakley Saginaw, MI 48602	GS	* Georgia J. Westermeyer, MD Blue Care Network-Bay Are 1480 W. Center Road Essexville, MI 48732	PD	John C. Battley, MD 2038 Military Port Huron, MI 48060	PD
* Joseph J. Tiziani, MD 180 Foxboro Saginaw, MI 48603	P	* Jason M. White, MD 830 S. Jefferson St. Mary's Med. Ctr. Saginaw, MI 48601	EM	Joseph F. Beer, MD 38650 Birch Meadow Dr. Mt. Clemens, MI 48043	GP
* George K. Tong, MD St. Mary's Medical Center 830 S. Jefferson Saginaw, MI 48601	PTH	* Lawrence C. Whiting, MD 117 Hubinger Street Frankenmuth, MI 48734	FP	* Randall E. Bowsman, DO 3410 Ridgeview Dr. Goodells, MI 48027	AN
* David W. Torkelson, MD 5123 Clydesdale Saginaw, MI 48603	FP	* Terri L. Williams 4891 Fontaine Blvd. J-9 Saginaw, MI 48603		* Frank Brettschneider, DO 1216 Richardson Port Huron, MI 48060	OTO
Melvin E. Tramitz, MD 711 Somerset Rd. Saginaw, MI 48603	R	* Michael J. Wolohan, MD 1700 N. River Road Saginaw, MI 48603	ORS	* Paul A. Bruer, MD 911 N. Riverside St. Clair, MI 48079	IM
* James M. Tschirhart, MD 1320 N. Michigan Ave. Bld Saginaw, MI 48602	GS	Edwin M. Wright, MD P.O. Box 38 Old Mission, MI 49673	R	* Thomas B. Bryan, MD 929 Divison St. Port Huron, MI 48060	IM
* Donald L. Tuckey, MD 6207 Maple Rd. Frankenmuth, MI 48734	OBG	Kim Hont A. Yee, MD 1000 Houghton Ave. Saginaw, MI 48602	IM	* Martin J. Bury, MD 3018 E. Village Lane Port Huron, MI 48060	IM
* Walter Turke, MD 1000 Houghton Ave. Saginaw, MI 48602	P	* Pervez Yusaf, MD 5275 Colony Dr., North	ORS	* Herminio C. Calderon, MD 770 N. Riverside Ave. St. Clair, MI 48079	R
				* Jose A. Carrion, MD 169 Stephens Rd.	DR

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

St. Clair (194)

Grosse Pte., MI 48236		Port Huron, MI 48060		* Benjamin John, MD	IM
Mahmoud Chafty, MD	AN	* Ann M. Ernst, DO	AN	1217 Kearney St. #3	
2601 Electric Ave.		4850 Lakeshore Rd.		Port Huron, MI 48060	
Port Huron, MI 48060		Port Huron, MI 48060		* Khattab M. Joseph, MD	GS
* Tae-Hong Chung, MD	FP	* D. David Ernst, DO	ORS	2603 Electric Ave. #1B	
P.O. Box 406		1117 Stone St.		Port Huron, MI 48060	
Algonac, MI 48001		Port Huron, MI 48060		* Koyka M. Kadreva, MD	FP
William D. Cleland, MD	PD	Rogelio F. Espiritu, MD	PTH	4417 Gratiot Ave.	
3880 Butternut Ct.		345 Cardona Circle		Port Huron, MI 48060	
Port Huron, MI 48060		San Ramon, CA 44583		* Marshall Kamer, MD	U
Robert P. Clifford, MD	GS	Edwin H. Fenton, MD	GP	2425 Military St.	
212 Hawthorne		457 Circlewood Dr		Port Huron, MI 48060	
St. Clair, MI 48079		Venice, FL 33595		* Choochart Kasemsarn, MD	IM
* James W. Copping, MD	GS	* Edmond W. Fitzgerald, MD	IM	640 N. Third St.	
2601 Electric Ste B		1102 6th St.		St. Clair, MI 48079	
Port Huron, MI 48060		Port Huron, MI 48060		* Austin M. Katz, MD	P
* Milagros A. Corpuz-Paneda	PTH	Armin T. Franke, MD	IM	1214 Richardson St.	
2601 Electric Ave.		4021 North River Rd.		Port Huron, MI 48060	
Port Huron, MI 48060		Port Huron, MI 48060		* John P. Keyser, MD	OBG
* John J. Coury, MD	GS	Erwin J. Fuerst, MD	GS	1313 Stone St.	
4010 Fairway Dr. #1		4150 S. River Rd.		Port Huron, MI 48060	
Port Huron, MI 48060		St. Clair, MI 48079		Clemens M. Kopp, MD	CLP
* Thomas A. Coury, MD	U	* Juan J. Geldres, MD	GS	P.O. Box 1007	
2425 Military St.		4014 S. River Rd. Bldg. 1		Port Huron, MI 48060	
Port Huron, MI 48060		St. Clair, MI 48079		* Douglas A. Krause, MD	FP
* Kanu B. Dalal, MD	TR	Anthony C. Gholz, MD	PD	806 Huron Ave.	
2857 Canal Dr.		1725 Court St.		Port Huron, MI 48060	
Port Huron, MI 48066		Port Huron, MI 48060		* Wilmont R. Kreis, MD	ORS
* Segundo C. Danao, MD	IM	* Julian Go, MD	GS	1117 Stone St.	
1605 St. Clair Hwy.		1605 Fred W. Moore Hwy.		Port Huron, MI 48060	
St. Clair, MI 48079		St. Clair, MI 48079		James Lauridsen, MD	GS
* G. D. Daugharty, MD	OBG	* Fredk C. Greiling, MD	CHP	1002 10th Ave.	
4150 S. River Rd. Ste. B		920 Huron Ave.		Port Huron, MI 48060	
St. Clair, MI 48079		Port Huron, MI 48060		Reuben R. Licker, MD	OBG
* Joel T. Dean, MD	GP	* Peregrino A. Guillen, MD	AN	215 Gratiot Blvd.	
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Port Huron, MI 48060		Port Huron, MI 48060		(000)364-6818	
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1000 Pine Grove Ave.		1201 Stone St.		2864 Military St.	
Port Huron, MI 48060		Port Huron, MI 48060		Port Huron, MI 48060	
* Walid A. Demashkieh, MD	GS	* Mark S. Hamilton, MD	FP	* Syed A. Makki, MD	P
1225 10th St.		4150 S. River Rd. Ste. D		1201 Stone St. #4	
Port Huron, MI 48060		St. Clair, MI 48079		Port Huron, MI 48060	
* Robert R. Dembosky, MD	IM	* Ahmed A. Hassan, MD	GP	* Pablo B. Martinez, MD	IM
1750 Busha Hwy.		1010 Griswold		1605 Fred Moore Hwy.	
Marysville, MI 48040		Port Huron, MI 48060		St. Clair, MI 48079	
* Vernon E. Dencklau, DO	GS	* Scott A. Hawley, MD	PD	* Philip M. Match, MD	FP
1225 Tenth St.		1321 Stone St.		4316 Capac Rd.	
Port Huron, MI 48060		Port Huron, MI 48060		Capac, MI 48014	
* George F. Diehl, MD	FP	Herbert J. Hazledine, MD	GS	* H. M. Mc Donald, MD	PTH
4150 S. River Rd. Ste. D		400 Holly Hill Rd		2601 Electric Ave.	
St. Clair, MI 48079		Oldsmar, FL 33557		Port Huron, MI 48060	
William J. Dinnen, MD	IM	* Steven J. Heithoff, DO	ORS	* Percy H. McDonald, MD	OTO
3185 Waldheim Dr.		1117 Stone St.		1107 Stone St. #4	
Port Huron, MI 48060		Port Huron, MI 48060		Port Huron, MI 48060	
* Gary G. Doss, DO	ORS	* David M. C. Hislop, MD	OBG	* John M. Miller, MD	IM
1037 Water St. Box 5002		5030 Lakeshore Rd.		1209 10th St.	
Port Huron, MI 48060		Port Huron, MI 48060		Port Huron, MI 48060	
* Nicholas G. Douvas, MD	OPH	Russell J. Holcomb, MD	GP	* James W. Mitchener, MD	PTH
4200 Gratiot Ave.		809 S. Water		1001 Kearney St.	
Port Huron, MI 48060		Marine City, MI 48039		Port Huron, MI 48060	
Jean-Paul J. Dupuis, MD	AN	* Syed S. Hossain, MD	CDS	* Bipin O. Modi, MD	AN
3022 Military St.		2601 Electric Ave. A		902 10th Ave. Box 1309	
Port Huron, MI 48060		Port Huron, MI 48060		Port Huron, MI 48060	
* Yehia I. Elsafy, MD	IM	* Kyu J. Hwang, MD	OBG	Glenn E. Mohny, MD	OPH
2425 Military St.		2425 Military St.		641 Valencia Rd.	
		Port Huron, MI 48060		Venice, FL 33595	

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

St. Clair (194)/ St. Joseph (198)

Alvin N. Morris, MD	GS	1209 10th St. Port Huron, MI 48060		Avoca, MI 48006	
916 Contento Circle Sarasota, FL 34242				Charles O. Townley, MD	ORS
* John M. Murphy, MD	OBG	* John J. Rutledge, MD	OTO	1037 Water St Port Huron, MI 48060	
1313 Stone St. Port Huron, MI 48060		511 Fort #521 Port Huron, MI 48060		* Stefan A. Tsvetanov, MD	PTH
* S. G. Muthuswami, MD	IM	* Michael I. Sabbagh, MD	OBG	4417 Gratiot Ave. Port Huron, MI 48060	
2603 Electric Ave. #1 Port Huron, MI 48060		3436 S. River Rd. St. Clair, MI 48079		* Eleanor Tylka, MD	PD
* Edward J. Nebel, MD	ORS	* Mostafa S. Sadry, MD	N	4150 S. River Rd. Ste. E St. Clair, MI 48079	
1037 Water St. Port Huron, MI 48060		2603 Electric Ave. #2 Port Huron, MI 48060		Arthur H. Ulmer, MD	GS
* Geoffrey D. Osgood, MD	PS	* Mohammad Saeed, MD	P	1175 Watson Drive Port Huron, MI 48060	
1210 Richardson St. Port Huron, MI 48060		1217 Kearney #1 Port Huron, MI 48060		* Permporn Vanasupa, MD	GS
* Sreedhar A. Paknikar, MD	PD	* Visuvasam N. Samuel, MD	N	5041 Longview Troy, MI 48098	
1201 Stone St. #6 Port Huron, MI 48060		1303 Pine Grove Ave. Port Huron, MI 48060		* Jeremy D. Webster, MD	U
* Virender D. Parekh, MD	IM	Joseph L. Sanderson, MD	OTO	2087 N. River Rd. St. Clair, MI 48079	
1201 Stone St. Port Huron, MI 48060		3463 Conger St. Port Huron, MI 48060		Wallace C. Weckesser, MD	D
* Vrajmohan Parikh, MD	IM	* Clare A. Scheurer, Jr., MD	DR	5590 Lakeshore Rd. Port Huron, MI 48060	
1201 Stone St. Port Huron, MI 48060		3864 Gratiot Ave. Port Huron, MI 48060		* Daniel J. Wilhelm, MD	PD
* John M. Pelachyk, MD	D	* Batool K. Shaikh, MD	R	1321 Stone St. Port Huron, MI 48060	
1602 Military St. Port Huron, MI 48060		2920 Waldheim Dr. Port Huron, MI 48060		James G. Wolter, MD	PTH
* Stan Pniewski, MD	R	* Rauf A. Shaikh, MD	U	4111 Old Forge Port Huron, MI 48060	
2900 Waldhiem Dr. Port Huron, MI 48060		2603 Electric - C Port Huron, MI 48060		Kenneth W. Yost, MD	OBG
* Ivan J. Pokorny, MD	GS	* James W. Sharpe, MD	OBG	1317 Gratiot Blvd. Box 17 Marysville, MI 48040	
4327 Greenview Circle Port Huron, MI 48060		1313 Stone St. Port Huron, MI 48060		* Mark F. Yost, MD	DR
* Vicente T. Posadas, MD	AN	* Stephen D. Shawbitz, MD	OPH	4070 Gratiot Port Huron, MI 48060	
2127 Heatherhill Dr. Trenton, MI 48183		1131 Erie St. Port Huron, MI 48060		* John A. Youngs, MD	GS
* Seong-Kyun Pyun, MD	OBG	* Michael R. Shier, MD	ORS	5312 Lapeer Rd. Port Huron, MI 48060	
P.O. Box 495 St. Clair, MI 48079		1117 Stone St. Port Huron, MI 48060		* Arthur B. Yull, MD	
* Michael Raftery, MD	IM	* Elmore D. Shoudy, MD	EM	P.O. Box 610227 Port Huron, MI 480610227	
2425 Military Port Huron, MI 48060		305 Bard St. Port Huron, MI 48060		* Johnson Zacharias, MD	IM
* Beeravolu R. Reddy, MD	IM	* H. Charles Slater, MD	OPH	1201 Stone St. Port Huron, MI 48060	
1201 Stone St. #1 Port Huron, MI 48060		4050 S. River Rd. #1 St. Clair, MI 48079		* John J. Zmiejko, MD	PD
* Madhusudhan C. Reddy, MD	IM	* Rene' Smit, MD	GS	1321 Stone St. Port Huron, MI 48060	
1201 Stone St. #1 Port Huron, MI 48060		1005 River St. #3 Port Huron, MI 48060			
Sushma R. Reddy, MD	IM	James J. Snider, MD	R		
3956 Jack Pine Ln. Port Huron, MI 48060		4280 Old Forge Port Huron, MI 48060		St. Joseph (198)	
* Nick J. Reina, MD	PM	* Rahima Spanta, MD	PTH	Donald E. Bradley, MD	FP
2603 Electric #6 Port Huron, MI 48060		2290 N. River Rd. St. Clair, MI 48079		58661 Burr Oak Rd. Colon, MI 49040	
Richard C. Relken, MD	OBG	* Josette E. Spotts, MD	GS	Wilbur G. Braham, MD	GP
5150 Lakeshore Rd. Port Huron, MI 48060		1225 Tenth St. Port Huron, MI 48060		305 Cottage Sturgis, MI 49091	
* Andres G. Resto, MD	PS	* John C. Sullivan, MD	OTO	* James E. Brennan, MD	FP
2609 Electric Ave. Ste. D Port Huron, MI 48060		1001 Kearney St. Port Huron, MI 48060		28646 East US 12 P.O. Box Sturgis, MI 49091	
* Eric J. Robb, MD	AN	* Hernani S. Tansuche, MD	DR	* Thomas E. Brenner, MD	FP
5530 Lakeshore Rd. Port Huron, MI 48060		4649 Desmond Beach Port Huron, MI 48060		P O Box 7100-28646 E. US1 Sturgis, MI 49091	
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4251 Fairway Dr. Port Huron, MI 48060		3957 E. Via Del Verdemar Tuscon, AZ 85718		1313 Rolling Ridge Lanr Sturgis, MI 49091	
* Alexander G. Ruthven, MD	GS	* Glenn F. Tomsu, MD	OBG	* V. D. Cabansag, Jr., MD	GS
		7063 Oatman		219 Vinewood	

MSMS Members by Counties

* Asterisk beside name denotes AMA membership

St. Joseph (198)/ Sanilac (202)/ Schoolcraft (204)/ Shiawassee (206)

Sturgis, MI 49091		172 E. Michigan Three Rivers, MI 49093		Marlette, MI 48453	
* Douglas L. Colberg, MD	FP	* James E. Phillips, MD	FP	* Lazaro E. Javier, MD	PD
121 Franklin Colon, MI 49040		104 S Lakeview Sturgis, MI 49091		394 Loraine St. Sandusky, MI 48471	
* Shanthini A. Daniel, MD	PD	Clark G. Porter, MD	GP	* Balu G. Kamalapurkar, MD	OBG
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* Kristy Davis, DO	GP	* A. S. Ramasamy, MD	IM	* Fernando C. Kiok, MD	GS
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Robert H. Evans, MD	FP	* M. A. Ramasamy, MD	OBG	* Mohan Dass Macha, MD	GS
68902 Benham Beech Rd. Sturgis, MI 49091		P.O. Box 7010 Sturgis, MI 49091		6417 E. Marlette St. Marlette, MI 48453	
* Robert V. Hill, MD	EM	* John P. Robertson, MD	PD	John W. Mc Crea, MD	GP
1 Hydramatic Dr. Three Rivers, MI 49093		600 S. Lakeview Ave. Sturgis, MI 49091		143 Oak Squares Lakeland, FL 33813	
* Larry L. Houts, DO	GP	* William B. Rogers, MD	FP	Neil Muir, MD	GP
206 Millard Three Rivers, MI 49096		104 S. Lakeview Sturgis, MI 49091		81 N. Howard Ave. Croswell, MI 48422	
* Seong C. Kim, MD	GP	* Donald R. Schimnoski, MD	GP	* Joseph M. Price, MD	FP
600 S Lakeview Ave Sturgis, MI 49091		1123 W. Broadway #4 Three Rivers, MI 49093		4640 E. Sanilac Rd. Carsonville, MI 48419	
* John C. Kirkpatrick, MD	DR	John P. Sheldon, MD	GS	* Wayne A. Quie, MD	OPH
P.O. Box 7009 Sturgis, MI 49091		Alexian Village #1-6 Signal Mountain, TN 37177		P.O. Box 268 Sandusky, MI 48471	
Olin L. Lepard, MD	FP	* Robert D. Smith, MD	FP	* Duane E. Smith, MD	GP
114 Maplecrest Sturgis, MI 49091		121 Franklin St. Box 803 Colon, MI 49040		4308 Main St. Box 190 Brown City, MI 48416	
* Robert A. Lewis, MD	FP	* Lawrence R. Werschky, MD	GS	* Soledad C. Te, MD	DR
104 S. Lakeview Ave. Sturgis, MI 49091		600 S. Lakeview Box 807 Sturgis, MI 49091		141 Delaware St. Sandusky, MI 48471	
* Theodore J. Matuga, MD	R	* Harvey S. Wilks, MD	CLP	* William E. Weiner, MD	IM
1111 W. Broadway Three Rivers, MI 49093		Bronson Methodist Hosp. Dept. of Pathology Kalamazoo, MI 49007		7260 Main St. Box 606 Port Sanilac, MI 48469	
* Hugh B. Mc Cullough, MD	FP	* Gary Yarbrough, MD	FP		
111 S. Monroe St. Sturgis, MI 49091		600 S. Lakeview Sturgis, MI 49091			
* Martina G. Mc Gowan, MD	OBG	* Charles R. Zimont, MD	FP		
1123 W. Broadway #1 Three Rivers, MI 49093		P.O. Box 67 Constantine, MI 49042			
* Basavaraj I. Mutnal, MD	IM	* Satish K. Arora, MD	PD		
52002 Kern Dr. Three Rivers, MI 49093		150 Delaware St. Sandusky, MI 48471			
* Lalitha V. Mutnal, MD	AN				
Three Rivers Area Hosp. 1111 West Broadway Three Rivers, MI 49093					
* Kallan Nandihalli, MD	IM				
P.O. Box 126 Three Rivers, MI 49093					
Charles W. O'Dell, MD	GP				
500 E. Hoffman St. Three Rivers, MI 49093					
* Mariano L. Orca, MD	U				
600 S. Lakeview Ave. Sturgis, MI 49091					
Roland B. Ormsbee, MD	R				
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600 S. Lakeview Ave. Sturgis, MI 49091					
* Evelina M. Parial, MD	OPH				
600 S. Lakeview Ave Sturgis, MI 49091					
* Ro Jong Park, MD	GS				

Schoolcraft (204)

T. Boyd Bolitho, MD	R
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* Leonard C. Mooi, Jr., MD	GP
115 N. Lake St. Manistique, MI 49854	
* William D. Phillips, DO	FP
115 N. Lake St. Manistique, MI 49854	
* Daniel M. Pontius, DO	GS
115 N. Lake St. Manistique, MI 49854	
* Robert J. Urban, MD	FP
115 Lake Manistique, MI 49854	
* Duane L. Waters, MD	PD
115 N. Lake St. Manistique, MI 49854	

Sanilac (202)

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* Saib Isterabadi, MD	TS
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MSMS Members by Counties

* Asterisk beside name denotes AMA membership

Shiawassee (206)/ Tuscola (210)/ Van Buren (214)

Shiawassee (206)

* Ada E. van Vloten, MD	PD
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* Azmy A. Allam, MD	IM
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Owosso, MI 48867	
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Elwood M. Chipman, MD	GP
903 N. Water St.	
Owosso, MI 48867	
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Owosso, MI 48867	
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Chesaning, MI 48616	
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Owosso, MI 48867	
* John B. Hannah, MD	GP
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Owosso, MI 48867	
John R. Hofstra, MD	AN
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Owosso, MI 48867	
* Donald M. Jacobson, MD	P
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Owosso, MI 48867	
* Roberto A. Larrivey, MD	OTO
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John G. Lipski, MD	P

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Owosso, MI 48867	
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Owosso, MI 48867	
* Thomas K. Mathew, MD	U
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Owosso, MI 48867	
* James S. Mc Geehan, MD	GS
1000 W. Oliver	
Owosso, MI 48867	
Mark S. Medel, DDS	
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* Johan W. Eliot, MD	PD	Ypsilanti, MI 48197		* John G. Ghuneim, MD	IM
1027 Miller		* Richard A. Flanagan, MD	GS	420 Russell #204	
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Ann Arbor, MI 48109		1962 W. Liberty St. #17		3100 Eisenhower Pkwy. #10	
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* David Katz, MD 5333 McAuley Dr. #R3106 Ypsilanti, MI 48197	IM	* Manus Krasman, MD 29269 Valley Bend Ct. Farmington Hills, MI 48018	IM	* Gail A. Locken, MD 8255 W Huron River Dr Dexter, MI 48130	OPH
* Joseph J. Keeley, MD 111 N. Huron	PD	* Charles G. Krasnow, MD 4870 Clark Rd. #101 Ypsilanti, MI 48197	P	* Eglis T. Lode, MD 13120 Beck Rd.	IM
		* Charles J. Krause, MD Univ. Hospital Dept. of O	OTO		

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Ypsilanti, MI 48104		7080 Caminita Estrada		* Jerry Meislik, MD	OPH
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5333 McAuley Dr. #5011		* Wolfgang W. May, MD	P	Ypsilanti, MI 48197	
Ypsilanti, MI 48197		555 E. Williams #18D		* Mangaladevi Menon, MD	OBG
David A. Lootens, MD	IM	Ann Arbor, MI 48104		5333 McAuley Dr. R6014	
42180 Ford Rd. #204		* Frederick M. Maynard, MD	PM	Ypsilanti, MI 48197	
Canton, MI 48187		E3258 Univ. Hosp. Box 33		* David H. Middleton, MD	OBG
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2360 Earhart Rd.		Ann Arbor, MI 48109		Ann Arbor, MI 48104	
Ann Arbor, MI 48105		* Robert J. Mazzeo, MD	GS	* Barry Miller, MD	PM
Patricia M. Lundeborg, MD	EM	5333 McAuley Dr. R5115		2128 Stephen Terrace	
Saline Community Hospital		Ann Arbor, MI 48106		Ann Arbor, MI 48103	
400 W. Russell		* Mary M. Mc Brien, MD	OTO	* Barry M. Miller, MD	P
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429 Morgan Circle		* John D. Mc Cabe, MD	EM	* Kristine E. Miller, MD	OBG
Northville, MI 48167		280 N. Barton Dr.		3145 Clark Rd. #404	
* Louis S. Magagna, MD	DR	Ann Arbor, MI 48105		Ypsilanti, MI 48197	
3110 Professional Dr. A		Benjamin D. Mc Callister,	IM	* Mariannette Miller-Meeks,	OPH
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John E. Magielski, MD	OTO	Ypsilanti, MI 48197		1000 Wall Street	
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Ann Arbor, MI 48104		1500 E. Med. Ctr. Dr. 2G33		* Shokrollah Mirafzali, MD	AN
Harold J. Magnuson, MD	PH	Ann Arbor, MI 48109		135 S. Propect	
18755 W. Bernardo Dr. #11		* David R. Mc Cubbrey, MD	GS	Ypsilanti, MI 48197	
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* Duncan J. Magoon, MD	P	Plymouth, MI 48170		1265 Barrister Rd.	
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Ann Arbor, MI 48104		935 Scio Church Rd.		* George W. Morley, MD	OBG
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Ann Arbor, MI 48104		* Richard D. Mc Leary, MD	DR	Ypsilanti, MI 48197	
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5333 Mc Auley Dr #5001		Ypsilanti, MI 48197		1500 E. Medical Ctr. Dr.1	
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Allen Park, MI 48101		Southfield, MI 48076		* M. B. Bardenstein, MD	ORS
Arnold R. Axelrod, MD	IM	* J. Alfredo Balarezo, MD	NS	4400 Town Center #275	
27301 Willow Green Ct.		20600 Eureka Rd. #801		Southfield, MI 48075	
Franklin, MI 48235		Taylor, MI 48180		Alwin S. Barefield, MD	FP
* Ahmad N. Azar, MD	PD	Matthew A. Balcerski, MD	IM	10244 W Seven Mile Rd	
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Harper Woods, MI 48225		Coconut Creek, FL 33066		Benjamin Barenholtz, MD	P
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29927 W. Six Mile Rd.		3314 Bloomfield Park Dr.		Southfield, MI 48075	
Livonia, MI 48152		West Bloomfield, MI 48033		* Rafael Barfi, MD	GE
Leland A. Babitch		Donald R. Ballard, MD	FP	4812 S. Valley View	
27200 Franklin Rd. #208		925 Sierra Vista Dr		West Bloomfield, MI 48033	
Southfield, MI 48034		Redding, CA 96001		* David B. Barker, MD	FP
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428 Fisher Bldg.		18050 Mack Ave.		Warren, MI 48091	
3011 W. Grand Blvd		Grosse Pte., MI 48224		* David H. Barker, MD	R
Detroit, MI 48202		* Mark R. Balle, MD	D	35 Kerby Court	
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* Rupinder K. Bhatia, MD	OBG	* Benita H. Blanco, MD	OBG	31500 Telegraph Rd. #225 Bingham Farms, MI 48025	
2230 Lost Tree Way Bloomfield Hills, MI 48013		21701 W. Eleven Mile Southfield, MI 48076		* David D. Bogorad, MD	OPH
* Bharat K. Bhatt, MD	GS	* Renato F. Blanco, MD	PTH	Henry Ford Dept/Ophth 2799 W. Grand Blvd Detroit, MI 48202	
17000 W. Eight Mile Rd. # Southfield, MI 48075		30850 Cheviot Hills Dr. Franklin, MI 48025		Robert E. Bogue, MD	OBG
* Smita B. Bhatt, MD	PTH	* Douglas H. Blanks, MD	A	150 E. Torch Lake Rd. Rte. #3, Box 150 Bellaire, MI 49615	
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23340 Bonair Dearborn Heights, MI 48127		29224 Lancaster Dr. #207 Southfield, MI 48034		* Bahadur S. Bohra, MD	ORS
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502 Rivard Blvd. Grosse Pte., MI 48230		22121 Greater Mack Ave. St. Clair Shores, MI 48080		Donald S. Bolstad, MD	OTO
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5829 Golfview Dearborn Heights, MI 48127		3699 Brookside Dr. Bloomfield Hills, MI 48013		* Norman J. Bolton, MD	GS
* Gary G. Bill, MD	IM	William H. Blodgett, MD	ORS	14800 W. McNichols Rd. #4 Detroit, MI 48235	
519 Sunnydale Grosse Pte. Woods, MI 48236		667 Park Shores Dr. Naples, FL 33940		Russell P. Bolton, MD	IM
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3800 Woodward #1102 Detroit, MI 48201		20010 Farmington Rd. Livonia, MI 48152		* James C. Bommarito, MD	PDA
* Philip M. Binns, MD	OTO	* Victor Bloom, MD	P	22190 Garrison #205 Dearborn, MI 48124	
22151 Moross #312 Detroit, MI 48236		1007 Three Mile Drive Grosse Pte., MI 48230		* Henry G. Bone, III, MD	IM
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31 Shady Hollow Dr. Dearborn, MI 48124		681 Merrick #404 Detroit, MI 48202		* James D. Bookout	
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27177 Lahser #103		17100 W. 12 Mile Rd.		Detroit, MI 48201	
Southfield, MI 48034		Southfield, MI 48076		* Kenneth A. Brown, MD	U
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1322 Glengarry, North		2799 W. Grand Blvd.		Southfield, MI 48075	
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1804 13th St.		26771 W. 12 Mile Rd. #101		Detroit, MI 48235	
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* Gerald J. Burke, MD	OPH	* Regis L. Callaghan, MD	OBG	* John D. Carey, MD	OPH
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15 E. Kirby #423		4160 John R #912		St. Clair Shores, MI 48080	
Detroit, MI 48202		Detroit, MI 48201		* Georges K. Haddad, MD	CDS
Louis J. Gregory, MD	GS	* Madan Lal Gupta, MD	PD	5362 Historic	
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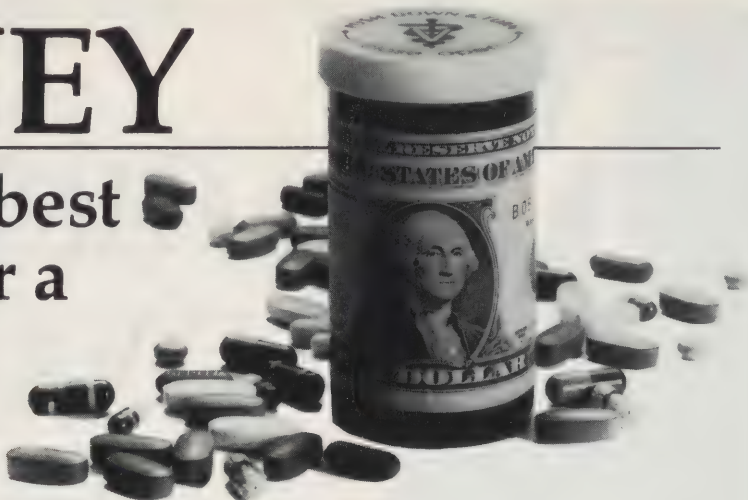
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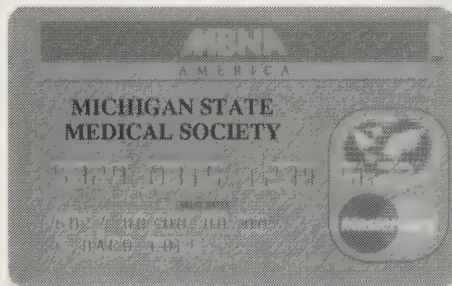
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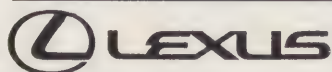
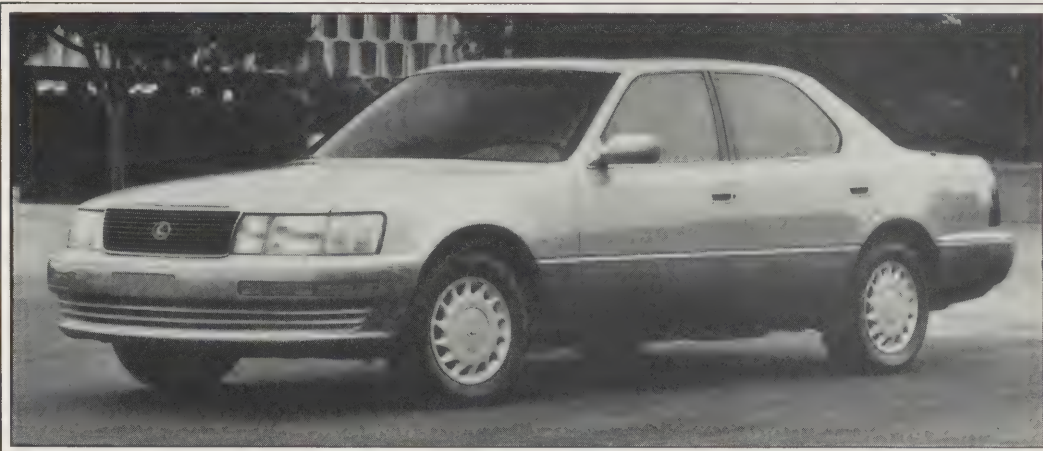
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A Guide to MSMS Committees

MSMS has 44 committees and task forces which provide a platform for addressing issues ranging from aging to worker's compensation. To effectively address such a wide range of issues, MSMS committees rely heavily upon member input. MSMS encourages involvement of as many different physicians as possible from every geographical area.

Committee appointments are awarded annually at the MSMS Mid-Summer Board of Directors Meeting held in July. Members are selected from a pool of applicants who have been nominated by current committee members, MSMS section officers and specialty and component society leaders. Committee appointments are for two-year terms, with new appointments taking place annually.

The first step toward obtaining a position, and the

most difficult, is determining which committee (or committees) interests you most. A complete list of MSMS committees and task forces begins on this page. Each committee listing includes a brief statement of goals.

Members interested in serving on a committee must be appointed by the MSMS Board of Directors. Simply contact a current committee member, MSMS section leader, MSMS Board member, your county medical society or specialty society, or contact MSMS headquarters and request a recommendation. Each January MSMS begins seeking recommendations for committee appointments for the coming year. So now is a good time to start thinking about what committee you would like to join.

For more information on any of the MSMS committees, contact Jeanne Miller at MSMS.

Committee on Aging

This Committee provides physicians with an overview of the medical, social and psychological needs of the aged patient. Activities include examining the health status of the older patient, advocating preventative medicine programs, discussing Medicare financing, and exploring long-term care options for the elderly. The Committee works with many community organizations and the Michigan Office of Services to the Aging.

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Thomas J. Northey, Consultant, Lansing
John Peterson, PhD, Consultant, Lansing
Richard D. Yerian, DO, Consultant, Lansing
F. B. "Tom" Plasman, Staff

Committee on MSMS Archives

This Committee researches and retains a record of Michigan medical history so it will be preserved for future generations.

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Troy
Chairman

Ned I. Chalat, MD, Detroit
William E. Madigan, ex officio, East Lansing
David K. Fox, Staff

Task Force on AIDS Education

This Task Force develops strategies for educating physicians about AIDS and coordinates MSMS efforts in physician and public education with those of the Michigan Department of Public Health.

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Lawrence R. Crane, MD, Detroit
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Liaison Committee With Michigan Medical Arbitration System

This Committee serves as a liaison between MSMS and the Michigan Medical Arbitration System and works to promote the use of arbitration in Michigan.

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Committee on Awards

This Committee supervises the MSMS awards program and makes recommendations to the Board of Directors.

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Pontiac
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Henry M. Domzalski, MD, Detroit
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Katie Brewbaker, Staff

Committee on Bioethics

This Committee considers questions about scientific, medical, moral, ethical and political concerns dealing with the beginning of life and the ending of life which have raised increasing problems for physicians and, therefore, MSMS.

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Liaison Committee with Blue Cross Blue Shield of Michigan

This Liaison Committee serves as a communication link to assist individual physicians in obtaining information concerning Blue Cross Blue Shield of Michigan's policies and procedures, and provides input to aid in the resolution of problems which may arise. The Committee also considers and provides input on major policy and professional issues related to BCBSM.

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Committee on Communications and Professional Relations

This Committee develops and oversees all professional/public relations and public service activities. It provides physician input to the program suggestions and activities advanced by outside consultants and MSMS staff.

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Committee on Constitution and Bylaws

This standing Committee reviews proposals to amend the MSMS Constitution and Bylaws and presents recommendations for appropriate action by the MSMS House of Delegates. It serves as a reference committee during the House of Delegates meeting.

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Committee on CME Accreditation

This Committee assures that quality CME activities are available to Michigan physicians through review, evaluation, and accreditation of Category I continuing medical education providers in the state.

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Committee on CME Programming

This Committee develops, conducts, and supervises Category I programs in Michigan to serve the continuing medical education needs and interest of physicians. It also is empowered to jointly sponsor programs which meet the CME criteria for Category I.

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Steering Committee on Program to Assist Impaired Physicians

This Steering Committee provides assistance, through its medical director and a statewide network of volunteer physicians, to physicians who have problems related to emotional illness, alcoholism, chemical dependency, and physician impairment, and serves as the advisory body to the Physicians Recovery Network. Education and research toward prevention, case finding, and intervention are major components of the program.

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Judith Pasquarella, Consultant, Lansing
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Committee on Maternal and Perinatal Health

This Committee strives to improve the care of the obstetrical patient and her newborn and to provide means for physicians, nurses, and others interested in maternal, perinatal, and neonatal health to discuss mutual problems and share ideas. It works in close cooperation with the state agencies and medical specialty organizations.

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Advisory Committee to Section on Medical Economics

This Advisory Committee assists MSMS in setting priorities, studies current health care financing, makes specific recommendations concerning future financing mechanisms, and develops an understanding of traditional insurance companies, emerging alternative financing and health delivery systems.

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 Southfield
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 James E. Waun, MD, East Lansing
 Robert M. Williams, MD, Traverse City
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 Mary Anne Ford, Staff

Task Force on Rural Health Care

The Task Force gathers information on the increasing challenges of change occurring in rural health care and helps physicians make the necessary practice changes so that they may continue to provide quality health care to rural Michigan residents.

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 South Haven
 Chairman

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 Douglas L. Colberg, MD, Colon
 L. Edmond Eary, Jr., MD, Sparta
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Liaison Committee with Michigan Peer Review Organization (MPRO)

This Liaison Committee monitors the activities of the federal peer review organization in Michigan (MPRO), provides policy input to MPRO on medical and operational issues, meets with MPRO representatives to discuss matters of mutual interest, and assists individual physicians in dealing with problems or concerns they may have with MPRO.

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Samir R. Yahia, MD, Detroit
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Planning Committee for Michigan Conference on Maternal and Perinatal Health

This Planning Committee plans and implements the Category I CME program for the Annual Michigan Conference on Maternal and Perinatal Health, in cooperation with several other participating organizations.

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Co-Chairman

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Lansing
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Suzanne Shelton, RN, Kalamazoo
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Sarah Cressman, Staff

Planning Committee for MSMS Annual Scientific Meeting

This Planning Committee, under the guidance of the Committee on CME Programming, plans and presents Category I Credit courses at the Annual Scientific Meeting. It provides CME courses of value to all specialties while striving to improve methods of education and evaluation.

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Hagadorn, Inc.

Hagadorn, Inc. was formed in 1987 and is a joint venture between the Michigan State Medical Society and the Michigan Physician's Mutual Liability Company. It expects to generate non-dues income for MSMS, and its first project was to build an 87,000-square-foot office building in East Lansing. The major tenant in the building is Michigan Physician's Mutual Liability Company.

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John A. Richards, Staff

Task Force on Professional Liability

This Task Force reviews the professional liability climate in Michigan and the nation, is familiar with proposed reforms, and recommends appropriate legislative or other improvements.

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Firooz Banooni, MD, Southfield

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Committee on Medical Licensure and Discipline

This Committee serves as a liaison to the Michigan Department of Commerce's Bureau of Occupational and Professional Relations and the Michigan Board of Medicine, and seeks and supports measures that will promote a fully effective Board of Medicine.

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Committee on Membership and Recruitment

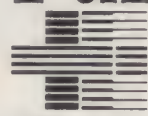
This Committee guides all recruitment efforts aimed at non-member physicians, residents, and students. It develops membership goals, makes recommendations to the Board of Directors and conducts personal recruiting efforts when needed.

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This Committee provides for regular communication between MSMS and the members of specialty organizations. It deals with any subject of mutual concern except scientific or clinical medicine.

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This formal Liaison Committee is composed of designated leaders of the two organizations. The Liaison Committee does not make policy for either organization; each organization refers any recommendations to the MSMS Board of Directors or MHA Board of Trustees for approval.

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This Committee monitors and influences Michigan legislation through the legislative process, and monitors and responds to Michigan government rules and regulations as they are promulgated.

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This Committee furnishes cost estimates to the House of Delegates on resolutions requiring new expenditures of funds. It also reviews general fiscal policies of the Society and makes recommendations regarding member dues.

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Committee on Concerns of Women Physicians

This Committee explores ways to encourage the participation and leadership involvement of women physicians in organized medicine.

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 Ann Arbor
 Chairman

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This Committee educates physicians, the public and state government regulators about the effects of the environment on human health; to develop MSMS policy on environmental issues; and to identify MSMS members with interest and expertise in environmental issues and the human health effects of environmental hazards.

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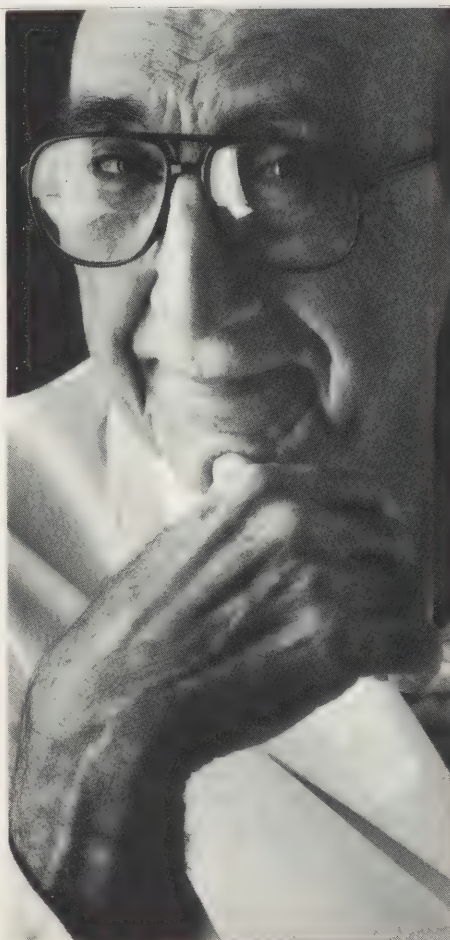
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This brochure gives the physician three of the most significant reasons to join MSMS.

— "Break the Silence" (free)

This pamphlet promotes the MSMS joint effort with the Michigan State Bar and the Michigan Hospital Association to inform the public of the vital need for organ and tissue donations.

— "Break the Silence" Pins (free)

A small grey lapel pin with "Break the Silence" in red lettering to be used in conjunction with the brochures.

— "Continuing Medical Education Requirements for Physicians Licensed by the Michigan Board of Medicine" (free)

This booklet is meant to assist physicians in endeavor to fulfill the continuing medical education requirement by clarifying Michigan's mandate.

— "Disability Duration Guide" (\$5 each to MSMS members, \$15 each to business/general public)

This booklet is intended to assist physicians involved in employee disability cases. It will also help medical professional, corporate medical directors, insurance companies and employers assess appropriate disability lengths.

— "If Someone in Your Family Wants to Become a Doctor" (50 copies free – additional copies \$.15 each)

This brochure is designed for those who are exploring the occupation of a physician. It gives a brief explanation of the medical training required of physicians and clarifies a few basic medical terms.

— "If You Have Questions...Ask Your Physician" Poster (free)

A bright blue poster encouraging patients to ask their doctors any questions they may have about symptoms, diagnosis, treatment, prescriptions and insurance. Ideal for placement in physician waiting rooms.

— *Michigan Medicine* and *Medigram* (subscription to members - free; subscription to non-members - \$40 per year for both publications or \$20 per year for *Medigram* only)

Michigan Medicine, the official journal of the Michigan State Medical Society is published monthly and *Medigram*, our newsletter is published weekly (except in the summer months when its published biweekly)

— "Michigan's Durable Power of Attorney for Health Care — A Complete Guide for Physicians" (free)

This is a special supplement to *Michigan Medicine* regarding the Patient Advocate Act of 1990. It includes the actual Designation of Patient Advocate Form and also a special guide for physicians from MSMS Legal Counsel.

— "Michigan's Medical Liability Crisis" (free)

This pamphlet outlines Michigan's Medical Liability Crisis and the package of bills currently in state legislature to create reforms. It also includes many current facts and figures on this crucial issue.

— "MSMS Headquarters" (free)

This is a brochure describing major MSMS activities with a map to the East Lansing Headquarters.

— "Nutrition Prescription" by the Dairy Council of Michigan (free)

Nutrient guidelines in relation to the food groups. Handouts in pads of 50 sheets.

— "What You Should Know About Your Health Care Insurance" (50-100 @ \$.20 each; 101-500 @ \$.18 each; 501+ @ \$.15 each)

This brochure includes a checklist of questions to consider before choosing a health care provider.

— "You & Your Doctor - Working Together for Quality Medical Care" (one free sample, additional copies @ \$.20 each)

This booklet outlines how the physician/patient relationship works and describes physician qualifications.

— "Your County Society, Your State Society, Your AMA - Working Together" (free)

This brochure briefly describes the benefits of memberships with your county and state medical societies, and also with the American Medical Association.

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- MSMS Publications
- Implications for Physicians of Medicaid Reimbursement to Certified Pediatric and Family Nurse Practitioners
- What Physicians Should Do to Comply With MIOSHA and the Michigan Medical Waste Regulatory Act
- MSMS Legal Commentary on BCBSM Physician Agreement
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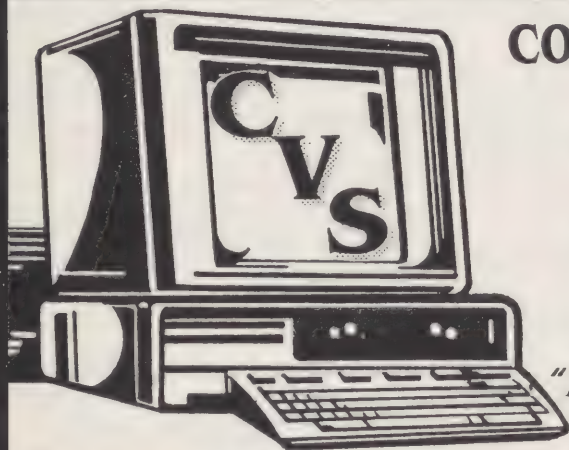
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Contraindications: Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

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Award-Winning
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Cover Story

Medicine in the UP

Reimbursement Roundup

Medical Inquirer

RBRVS

Annual Scientific Meeting Highlights

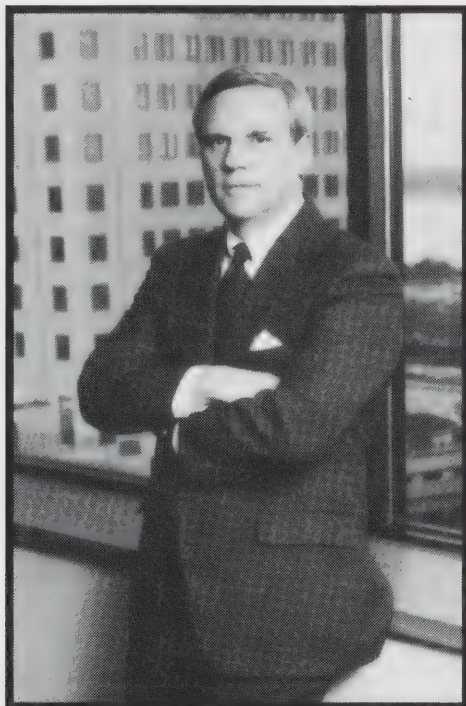
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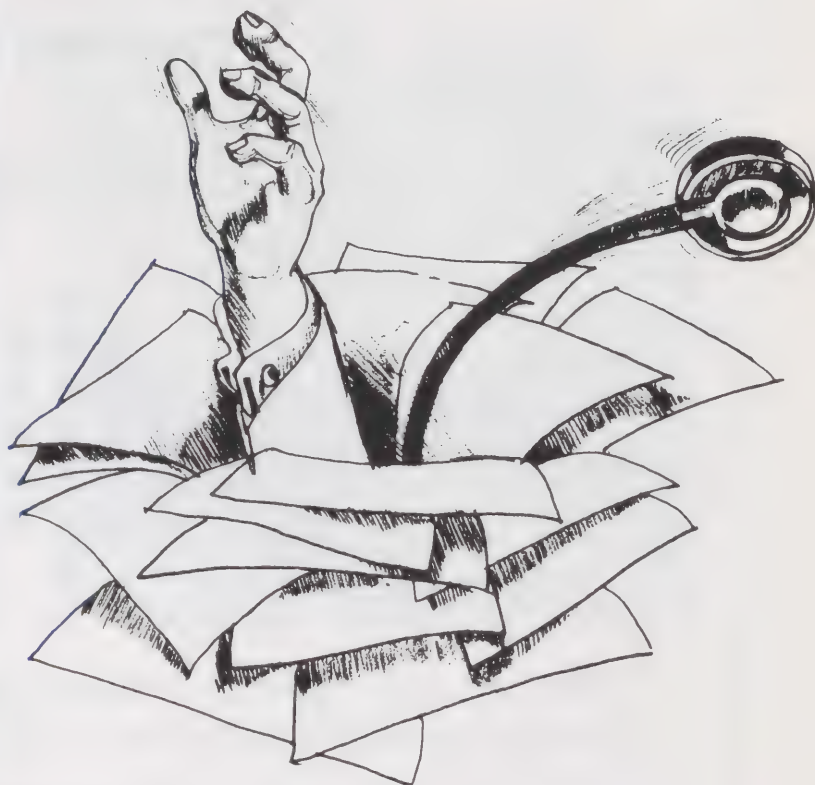
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MICHIGAN MEDICINE

FEBRUARY 1992 VOLUME 91, NO. 2

Award-Winning Journal of the Michigan State Medical Society

COVER STORY

Despite high liability premiums, geographic isolation and other unique challenges, physicians practicing in Michigan's Upper Peninsula say they wouldn't live anywhere else. In fact, many physicians find the "Northern Exposure" of Michigan's UP quite stimulating. This month's cover story, the first of a two-part series, examines the state of health care in Michigan's northern country. We see the Upper Peninsula through the eyes of three active physicians and one hospital administrator. Next month's issue of *Michigan Medicine* will continue the UP story. Details appear on page 14.



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Medical Inquirer

This is the eighth in a series of factsheets prepared by the MSMS Department of Medical Economics and Health Care Delivery featuring data and trends affecting Michigan physicians.

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RBRVS: MSMS is on the move

From seminars to special briefings, MSMS is working diligently to help physicians and their staffs work through this new Medicare payment system.

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MSMS Annual Scientific Meeting

Photo highlights of the 1991 MSMS Annual Scientific Meeting held November 12-14 in Dearborn.

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MSMS to hold Joint Section Meeting

The MSMS Sections for Hospital Medical Staffs, Young Physicians and International Medical Graduates will convene in a joint annual meeting for the first time March 14.

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HIV insurance for physicians

The AMA and MSMS are co-sponsoring an HIV insurance program for physicians.

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In next month's issue:

Economic Trends in Health Care

Cover illustration: By Robert L. Brent

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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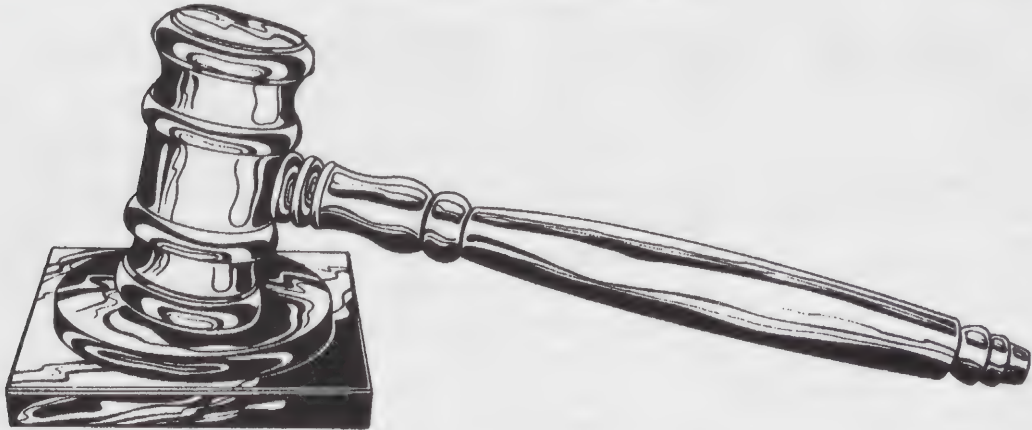
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Department of Communications, Michigan Association of Osteopathic Physicians and Surgeons, 33100 Freedom Road, Farmington, MI 48336, call (313) 476-2800, or fax (313) 476-1834.

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Michigan Medical Liability Reform Coalition



A monthly update of key MSMS activities

**MSMS resources
can smooth
RBRVS transition**

To help physicians make the change to the new resource-based relative value scale (RBRVS) payment system, MSMS is providing training seminars, speakers, ombudsman services to answer physician questions, and many other resources. Call the MSMS Office of Physician Education at (517) 336-5784 for details on February and March training seminars. Contact Julie Lester at (517) 336-5768 in the MSMS Department of Medical Economics and Health Care Delivery for information on speakers at county medical society meetings, hospital medical staff meetings etc. MSMS Reimbursement Ombudsman Joyce Nurenberg can help physicians with claims problems as well as answer questions about the new system. Call her at (517) 336-5722 for information. Physicians also can call the AMA RBRVS Hotline at 1-800-AMA-3211 for information.

**MSMS Government
Affairs Day to teach
legislative skills**

Physicians can sharpen their legislative skills by attending 1992 MSMS Government Affairs Day on March 17 at MSMS East Lansing headquarters. Legislative briefings combined with physician visits to talk with Michigan legislators will mark the first-of-its-kind MSMS event, to be continued annually. In conjunction with this event, the AMA will offer a constituent skills workshop at MSMS on March 16 to review key issues facing medicine along with strategies for becoming part of the legislative process. Call Sandra Bitonti at MSMS for details.

**Physicians: Participation
is key to political change**

Michigan physicians can affect all government levels this year through AMA's "Participation '92" program. It's designed to give organized medicine more political clout by getting physicians and their families actively involved in campaigns for the Presidency, US Senate, and US House of Representatives. MSMS is encouraging members to participate. For details, call Kevin A. Kelly at MSMS.

**Free liability video
details Michigan's
harmful climate**

A 15-minute medical liability video outlining the devastating effects of Michigan's liability climate on physicians and patients is available for physician use in educating the public on the issue. Produced by the Michigan Medical Liability Reform Coalition, 100 copies of the video and a prepared speech are available to physicians free of charge on a first-come, first-served basis. Physicians can use the video, titled "Justice or Jeopardy? Michigan's Medical Liability Crisis" during speaking engagements, community meetings, etc. Contact David Fox or Judy Marr at MSMS for details.

For details call William E. Madigan, Executive Director, MSMS, 517/337-1351.

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Reimbursement Roundup

By Joyce Nurenberg

MSMS REIMBURSEMENT OMBUDSMAN

Reimbursement Roundup addresses third party payer reimbursement issues affecting physician practices. The column appears every other month in *Michigan Medicine*. Comments and problems brought to the attention of the MSMS Reimbursement Ombudsman are routinely shared with the MSMS Liaison Committee with BCBSM and its Subcommittee on Medicare Carrier Problems. This month's column addresses questions which have been asked in regards to the implementation of RBRVS and other billing and policy questions.

Q. *Can I bill for services for a medical assistant, nurse practitioner or physician assistant when the physician is not in the room?*

A. Yes. The physician does not have to be in the room, however, he must be on the premises. There is an exception in the case of Health Professional Shortage Areas and rural areas; whereby, the physician must be immediately available by phone.

Q. *In the situation where the physician assistant is in the doctor's office, is participation mandatory?*

A. No. A physician assistant's services rendered in the office are unique because they are considered "incident to" a physician's work and therefore billed as if the physician saw the patient. Therefore, the physician had the option to be a non-participating physician and accept assignment on a per case basis. This situation is unlike other settings such as a hospital, nursing home, skilled nursing facility or acting as assistant-at-surgery where participation is mandatory.

Q. *In regards to the new codes, will the different specialties be paid the same?*

A. Yes, in regards to specialty each physician will be paid the same; however, there may be a slight payment difference for those in rural areas.

Q. *Are EKG interpretations covered if there is not a visit billed in conjunction?*

A. As long as an EKG is performed in relation to a physician office visit or other service, the professional component will be not be separately reimbursed. The technical component is separately reimbursable using the codes 93005 and 93041. Only the interpretation for very specialized EKGs under other codes not included within the scope of the statutory provision is payable.

Q. *Are EKG interpretations payable in an inpatient setting?*

A. No.

Q. *May a cardiologist interpreting EKGs by report be paid for a consultation instead?*

A. Yes, if Medicare's requirements for a consultation are met. Briefly, the consultation must be requested by the attending physician; the consultant must obtain a history, examine the patient and prepare a written report of findings which is furnished to the attending physician.

Q. *How much of an additional payment will be made when billing with modifier 21?*

A. Nothing. Modifier 21 is the prolonged care modifier used when services exceed the highest level descriptor such as 99205, 99215, 99245, etc. Currently, this modifier serves only as a tool for study by Medicare and does not affect pay-

ment. Claims will be monitored for accuracy in using the modifier to determine the need to provide an additional payment in the future.

Q. *If a non-emergency-room-based physician sees a patient in the emergency room, will the physician be subject to the site of service differential?*

A. It depends on the circumstances. If the patient is registered in the emergency room, the emergency department codes can be used and therefore not be subject to the 50% practice expense reduction. If the physician sees the patient out of convenience to the physician, the office or other outpatient codes should be used. The site of service differential will apply meaning that the practice expense RVU will be reduced 50% from that of the associated RVU had it been done in the office.

Q. *With all the concentration on rebundling of procedures, how can I decide when I can bill for services separately?*

A. If the secondary procedures are an integral part of the overall surgery, benefits are approved only for the major procedure. If you feel there are two or more separate procedures, bill on multiple lines submitting appropriate documentation and use modifiers when necessary.

Q. *Do I have to accept Medicare patients?*

A. There is no legal requirement that a physician accept new Medicare patients. If a physician-patient relationship already exists, however, you must follow the same steps you would with any patient to avoid charges of abandonment.

Continued on page 11

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Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

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Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

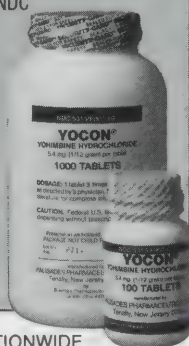
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Reimbursement Roundup

Continued from page 9

Q. Will an office visit be paid separately on the same day as a chemotherapy administration?

A. Visits may be billed on the same day as chemotherapy administration so long as they are documented and separately identifiable (96400-96549). Separate payments will be made for each chemotherapeutic agent furnished on the day of chemotherapy administration. These drugs are billed through the use of alpha-numeric HCPCS codes.

Q. What will the Unique Physician Identification Number (UPIN) be used for?

A. As a result of OBRA 89 effective February 1, 1992, the names and UPINs are required on all referred or ordered claims for services. Physicians are required to enter the name and UPIN whenever the service or item they are providing is the result of a physician's referral.

HCFA will also use the UPINs to spot excessive utilization and patient referral patterns, and to track referrals to businesses in which physicians have a financial interest.

Q. I received my Dear Doctor letter with my fees. The payments are different from those that I calculate using the RBRVS formula. Why?

A. Because you do not have all the components. The calculation by Medicare included the information of the average historical payment base (AHPB). You do not have this information.

The RBRVS calculation which can be described as the Total Relative Value Units x the Total Geographic Adjustment Factor x the Conversion Factor gives you a number that is then compared to the AHP, minus a 5.5 percent transition adjustment. If the AHP is larger than the RBRVS figure, you subtract 15 percent of the RBRVS figure from the AHP. If the RBRVS figure is

larger than the AHP, then you will add 15 percent of RBRVS payment to the AHP.

In the first instance, you were earning more and will be earning less and this calculation allows a gradual transition. Likewise, that latter situation means you will earn more by this new system and see the increase gradually. This is necessary to maintain budget neutrality through 1996.

Q. Will Medicaid be going to the new evaluation and management codes?

A. Yes, beginning date of service April 1, 1992. Until then, you must use the old codes for billing deductible and coinsurance amounts after Medicare and Blue Cross.

Q. Does the first year of practice begin at the date of licensure or is it the date of entering private or group practice?

A. The "first year of practice" is the first full calendar year during the first six months of which the

physician furnishes professional services for which payment may be made under Medicare Part B. For example, a physician who bills Medicare in July-December of 1991 will satisfy the first year requirement by December 1993 and so on. A physician who bills Medicare January-June 1991 will satisfy the first year requirement ending December 31, 1991.

Q. Are other third party payors going to accept the new evaluation and management codes?

A. MSMS is working on identifying the position of various third party payors. Watch for updates in Medigram. A possible suggestion may also include making the patients aware that there is a new system and that they should call the carrier and ask them about their position. ■

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Physicians find 'Northern Exposure' of UP Stimulating



By Ralph D. Ward

The following article is part one of a two-part special report on health care in Michigan's Upper Peninsula. Part one provides a bird's eye view of the state of health care in the UP through the eyes of three active physicians and one hospital administrator. Part two—which will appear in next month's issue—will include a report from the MSMS Task Force on Rural Health Care, an examination of the liability problems facing UP docs, a report on MSMS auxiliary activities, and comments from some of the UP's leaders in health care.

So where's the moose wandering down main street? Health care in the far northern regions evokes images of Doctor Joel Fleischman gamely dealing with the lovable locals of TV's "Northern Exposure." But the reality of practicing medicine in Michigan's own north country — the Upper Peninsula — is at once more prosaic, more intriguing, and far more fulfilling.

Talking with a few of the practitioners in the UP reveals a dynamic, highly committed medical network, one which has developed to meet the region's unique needs and lifestyle. One other characteristic is apparent when it comes to UP physicians — they wouldn't live anywhere else.

A difference in scale

"Well, we don't have a real metro area nearby," notes Waldo "Toby" Carlson, MD, of his local community, Iron

Mountain. Doctor Carlson, who practices occupational medicine at the town's Dickinson County Memorial Hospital, revels in the rural small town atmosphere of the UP. "I'm a third generation Iron Mountain resident, born and raised here," says Doctor Carlson, a president of the Dickinson-Iron County Medical Society. "I've seen the other side of life, but this is not a bad lifestyle."

Isolation is a problem in the UP, however. The large service areas for hospitals and practitioners make access more difficult; Dickinson County Memorial Hospital has a service radius of 40 miles. Also, although most medical staff come to the UP seeking the rural, country lifestyle, those who offer some crucial services are hard to find. "It can make it hard to attract subspecialties," observes Doctor Carlson.

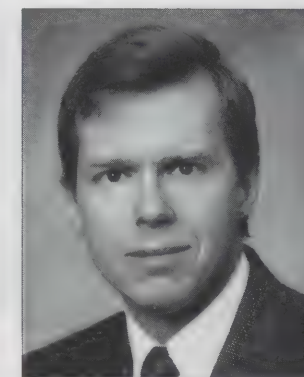
This ability to attract staff is vital for the small but growing hospital and area health network. "We have

about 40 on staff at the hospital, and about 15 family practice physicians in the area. There is a fair amount of primary care."

Doctor Carlson himself was a primary care provider in private practice until health problems and a growing awareness of the challenges facing primary care physicians prompted him to join the hospital staff. "It's difficult no matter where you offer primary care," says Doctor Carlson, "but up here there's a difference in the scale of the medical community. In private practice you just don't have all the facilities."

Practitioners also surely hear the siren's song of lower liability rates in Wisconsin, literally right next

"Practicing upstate is different. It's more of a lifestyle decision than a monetary choice."



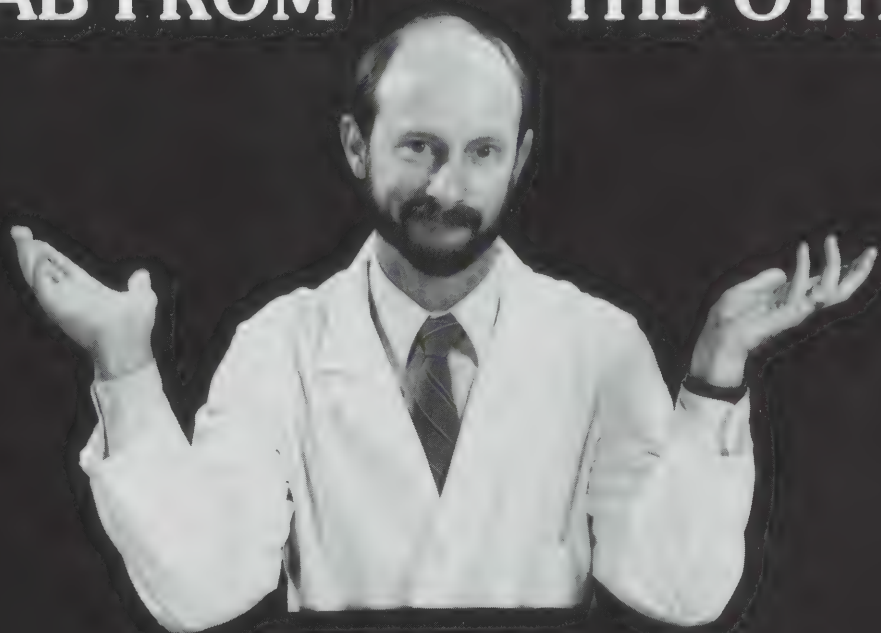
— Waldo Carlson, MD
Dickinson County
Memorial Hospital
Iron Mountain

door. "There's no comparable facility across the border," says Doctor Carlson, "but if there were two equally-sized facilities on either side of the line, it would be very tempting."

The Iron Mountain area's economy depends, as does much of the Upper Peninsula's, on natural resources, creating a harsh cyclic economy of modest booms followed by long, lingering busts. The Champion Intermill wood products facility recently expanded, however, so Iron Mountain seems to be holding its own. "I expect the economy to grow gradually, with a moderate increase," says Doctor Carlson. He intends to be a

Continued on page 17

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part of that future, drawn like other physicians by life in the UP. "Practicing upstate is different. It's more of a lifestyle decision than a monetary choice."

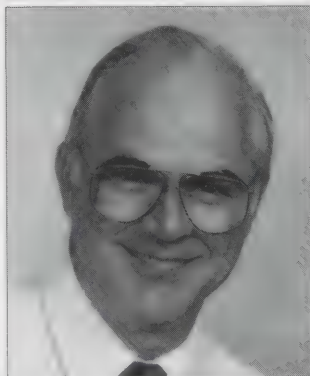
It's not Antarctica

The Upper Peninsula lifestyle is shaped by some distinct factors of the region. Almost all of the area is rural. Service areas are huge. The economy has never been as healthy as in the lower peninsula, resulting in more poverty and unemployment, less health insurance coverage, and more Medicaid treatment. Lastly, the population is on average older than downstate. This is one of the most distinctive features of health care in the UP, and one that shapes medical practice. "Obviously, we were concerned about who could and could not pay," says Raymond Hockstad, MD, of Escanaba. "But there were also the concerns about mandatory assignment."

One option for dealing with senior patients and Medicare reimbursements is the Senior Courtesy Card Program developed by MSMS. Under the program, community seniors are screened for age and income, and receive a card. Participating physicians agree to treat seniors with the card, and agree to accept Medicare reimbursement, co-payments and deductibles for treatment. Doctor Hockstad was assigned by the Delta County Medical Society to investigate the program, which has proven successful in Midland. He liked what he saw, the county society agreed, and the program was launched last spring in conjunction with the Escanaba Senior Center.

"The program progressed as an effort between local seniors and the medical society," says Doctor Hockstad. "I had the impression that setting up the program would take a lot of time and money, but it didn't take anything." A local printer

"We have to convince
(physicians) it's not
Antarctica up here."



— **Raymond
Hockstad, MD
Escanaba**

agreed to print the cards for free, and Senior Center volunteers did the screening. The result after a year has been a highly successful program, and better access to care for seniors. "This has been a big success," says Doctor Hockstad. "The seniors are very appreciative, and all the society's physicians agreed to participate. This way we can tell if a patient is at a certain income level."

The senior population combines with the distant, rural population to create "a subspecialty of care" in itself, according to Doctor Hockstad. The local economy is "very depressed with employment running in the 20 percent range." This, along with the distances and career limits, Doctor Hockstad finds a disincentive to drawing many practitioners. "We have to convince them it's not Antarctica up here."

And the attractions? "What's different up here is that houses and cars aren't locked, and you're not concerned about your personal safety," Doctor Hockstad says.

More focus needed

The strains, but also the benefits, of medical practice in the Up-

per Peninsula are magnified at the regions' health care institutions. "The access to health care up here is a problem. We have to be more focused," says Bruce Huron, administrator at Helen Newberry Joy Hospital, Newberry. "We try to provide as good a diagnosis as we can, and we've had success bringing consultants in when needed. But we obviously can't be all things."

The 86-bed institution faces the same challenges as its community, which will soon see closure of the state's Newberry Regional Mental Facility, taking with it a substantial payroll. But the hospital continues to grow, its status as a county hospital a part of the close relationship it enjoys with the community. The distance between towns in the UP accentuates the symbiotic relationship small communities share with their hospitals. The hospital is not a faceless bureaucracy in the UP community; in a sense it is the community, and the hospital's loss a threat to the town's identity.

Managing hospitals, or for that matter medical practices, in the UP requires that those in health care be aware of this identity, and be willing to live with limits. "In the long term, I see our local hospitals having to be flexible," notes Huron. "We have to attune to the community, and be aware of what we can and can't do. Physicians in the area have to understand the peculiarities here. All facilities are not at their beck and call."

Distance between cities, however, is nothing compared to the distance to Lansing (the distance between Ironwood and the State Capitol is 535 miles). There are health care professionals in the UP who feel forgotten by state government. "I think the Lansing relationship is a problem at times, particularly in policies on access to long-term care," says Huron.

But once again, the parts "up North" are able to work their magic

Continued on page 19

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on physicians. "Actually, there are a lot of people who want to move here," observes Huron. "The decision to practice here is based on lifestyles. If you hunt or fish, it's an outdoorsy life."

**"Physicians
have to understand
the peculiarities here.
All facilities are not at
their beck and call."**



**— Bruce Huron,
Administrator,
Helen Newberry
Joy Hospital,
Newberry**

A lot of "pioneer" in UP docs

Perhaps the desire to practice in the Upper Peninsula is formed early in a physician's career. Dan Muzzuchi, MD, community assistant dean for the Upper Peninsula campus of the Michigan State University College of Human Medicine, thinks so. He manages the MSU medical school in Escanaba, but also helped set up the college's family practice residency program at Marquette General Hospital. "Getting residents to come to the UP is very interesting," he says. "During yearly resident practice only a handful of programs ever fill up, but the program at Marquette General always does."

Residents learn the burdens of modern family practice during their residency period, but also learn a love for the area. "They come away committed to the region, and grow in the idea of serving the area. They also develop close relationships with local general practitioners. Between the Escanaba medical school and Marquette's residency, the would-be physician gains a "continuum of education" in the UP — and many decide they'd like to stay. "Between us, we account for about 10 percent of the practicing doctors in UP," says Doctor Mazzuchi.

Along with a feeling for the area, fledgling physicians also learn the hard realities of practicing medicine above the Straits. "The challenges are unique here, most related to the profound isolation. In an urban area the physician is surrounded by colleagues. So one of the things we do here is promote research opportunities between physicians."

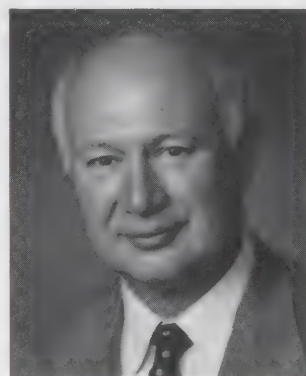
The challenges beyond that are formed by life in the UP itself. "The economy here is one of peaks and valleys," says Doctor Mazzuchi. "Although Marquette is more of a service area, most of the economy depends on mining and other natural resources, and tourism." Although the UP is popularly considered to suffer higher than average health problems from depression and alcoholism, Doctor Mazzuchi sees this as "an old saw. The problems are no worse here than anywhere else."

As do other observers, Doctor Mazzuchi sees an area hospital system under stress, but adapting well to the times, and strongly supported by the community. "In Marquette they have a fairly large specialty institution that's growing rapidly. Other towns have good, strong primary care. The smaller hospitals are struggling, though. People are afraid their hospitals will change their missions or close.

However, the greatest blessing we have is strong leadership in the hospital community."

Although Doctor Mazzuchi feels that the needs of UP hospitals can be overlooked down in Lansing, locals are very savvy about cultivating good relations with their legislators. "Community people are very closely tied in to their legislators, and very keenly interested in state issues."

Between the Escanaba medical school and Marquette's residency program, the would-be physician gains "a continuum of education" and many decide they'd like to stay.



**— Dan Muzzuchi, MD
Community
Assistant Dean,
MSU College of
Human Medicine,
UP Campus**

Doctor Mazzuchi foresees a bright future for health care with a "northern exposure." "In 10 years I see the UP as an increasingly desirable place to live, with good health care. There's a lot of pioneer in the doctors who come to the northern climate. They find good schools and good recreation for young families," he says. ■

Ralph Ward is a Lansing-based freelance writer.

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Michigan's Smaller and Rural Hospitals

In 1989 Michigan had 100 hospitals that had fewer than 100 beds or 4,000 admissions, and 61 of those hospitals were in rural areas. Smaller and rural hospitals are an important link in the Michigan health care system, providing 1.7 million days of inpatient care and employing 21,000 people. They also face special problems, however, because of their small size, the aging population that they serve, and the increasing pressure of the reimbursement system. This issue, developed from studies conducted by the Michigan Hospital Association, looks at the special characteristics and problems of smaller and rural hospitals.

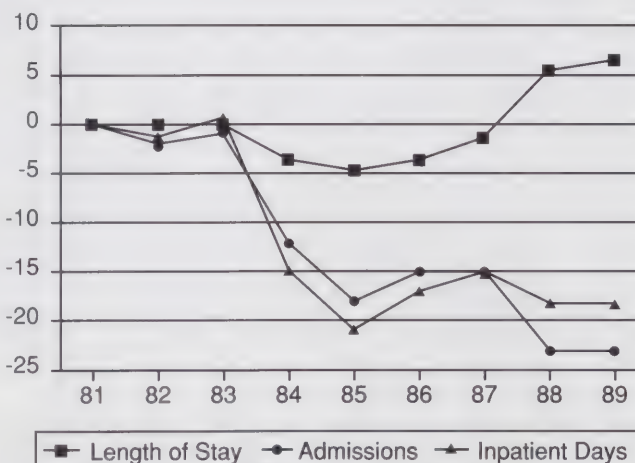
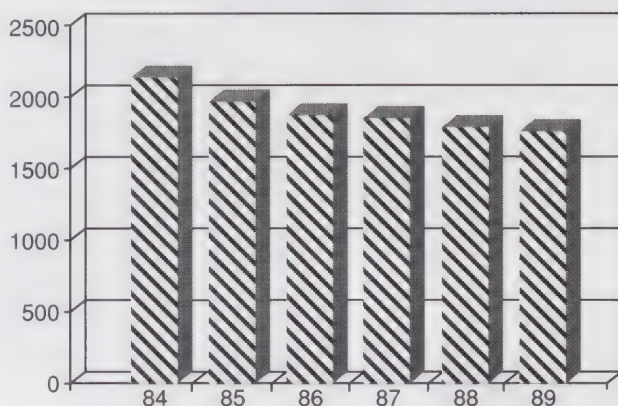
Key Statistics	Percent Change 1988-1989
177,384 inpatient admissions	-0.4
1,667,934 inpatient days of care	0.8
3,001,112 outpatient visits	14.8
832,288 emergency room visits	19.0

Inpatient Utilization

When subsequent years are compared to 1981, both admissions and inpatient days have decreased significantly since PPS was introduced. The average length of stay decreased in the first years of PPS, but has since increased. This could be due to a variety of factors: an increasing use of long term care services, increasing average severity as simpler cases are moved to the outpatient setting, or a growing elderly population.

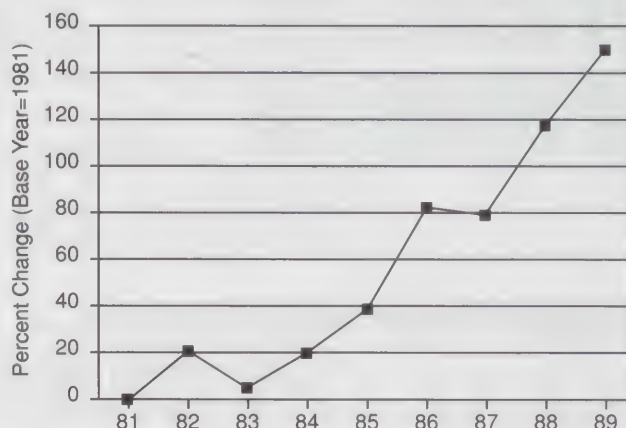
Admissions per Hospital

Smaller and rural hospitals, like their larger counterparts, have experienced decreasing inpatient admissions since the implementation of the Prospective Payment System (PPS). In 1989 the average smaller and rural hospital had 1,774 admissions, as opposed to 2,132 in 1984.



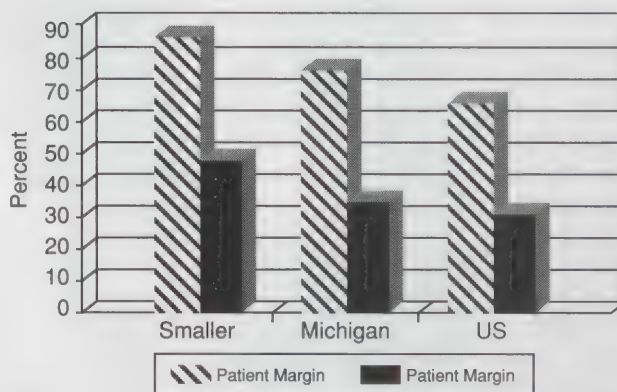
Outpatient Visits per 100 Admissions

The remarkable increase in the ratio of outpatient visits per 100 admissions shows how smaller and rural hospitals have adapted to changes in technology and reimbursement that increased the role of outpatient services.



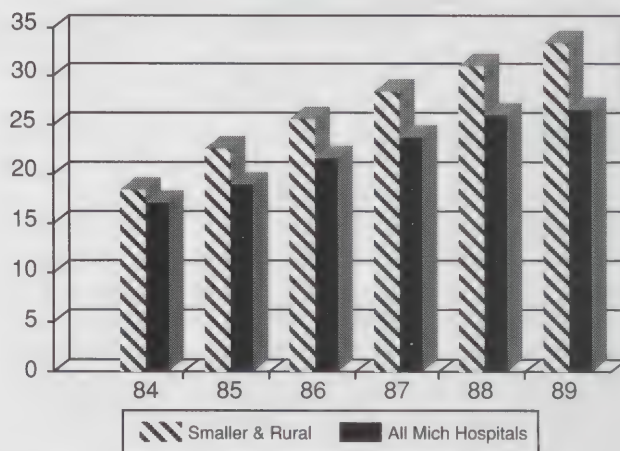
Hospitals with Negative Margins

Eighty-six percent of Michigan's smaller and rural hospitals lose money on patient care services, compared to 76 for all hospitals in Michigan. Patient margins varied from -30 to +9 percent. Even when all lines of business are included, nearly one-half of smaller and rural hospitals are operating at a loss.



Outpatient Revenue as Percent of Total

As utilization moves from the inpatient to the outpatient setting, outpatient revenue becomes more important to the hospitals' financial stability. The percent revenue generated by outpatient services grew 81 percent from 1984 to 1989. Smaller and rural hospitals are more reliant on outpatient revenue than all Michigan hospitals.



SOURCE: Clark, J D, Kneisley, J, Struthers, N. Michigan's Smaller and Rural Hospitals. Michigan Hospital Association Michigan Health Care Institute. Lansing, Michigan. May 1991.

For further details on trends and sources of information, please contact Julie Lester at MSMS.

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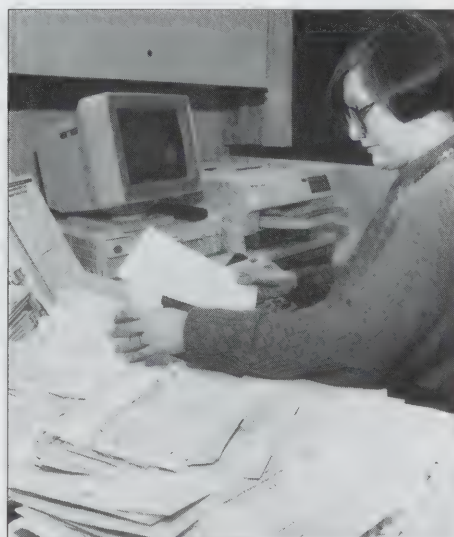
As of January 1, 1992, Medicare reimbursement is based on a resource based relative value scale (RBRVS). Payment reforms include many policy changes affecting billing and payment and require the use of new codes for evaluation and management services. As many physicians and office staff have already discovered, the system is complex, and a clear understanding of how the system works is critical both to proper

physician reimbursement and smooth functioning of physician practices. For several months, MSMS has been working diligently to help physician members work through and understand this new system. The following photographs provide a glimpse of the many activities in which staff have been involved over the past several months on behalf of MSMS members.



Since the final rule was released in late November, staff members from several MSMS departments have been meeting to discuss how MSMS can best help its members work through and understand the new Medicare reimbursement system. Seated around the table are (l to r): Julie Lester, Department of Medical Economics and Health Care Delivery; Deborah Zannoth, Department of Membership; Judy Marr, Department of Communications & Professional Relations; Sherry Fent, Department of Administration and Physician Education; Joyce Nurenberg, reimbursement ombudsman.

In mid-January, MSMS launched a series of RBRVS training seminars for physicians and office staffs. Since MSMS members heard the news, registration forms have been flooding the mail. Shown sorting through the forms is Robert Lott, secretary, MSMS Department of Physician Education, whose key responsibility is getting interested physicians and office staff registered for the seminars. To date, MSMS has seminars scheduled through mid-March. For more information, contact Lori Randall at MSMS.



RBRVS RESOURCES FOR PHYSICIANS

AMA Hotline —The AMA has created a hotline number to answer physician questions on RBRVS. Call 1-800-AMA-3211 and say "Priority Code JM001" to speed your requests.

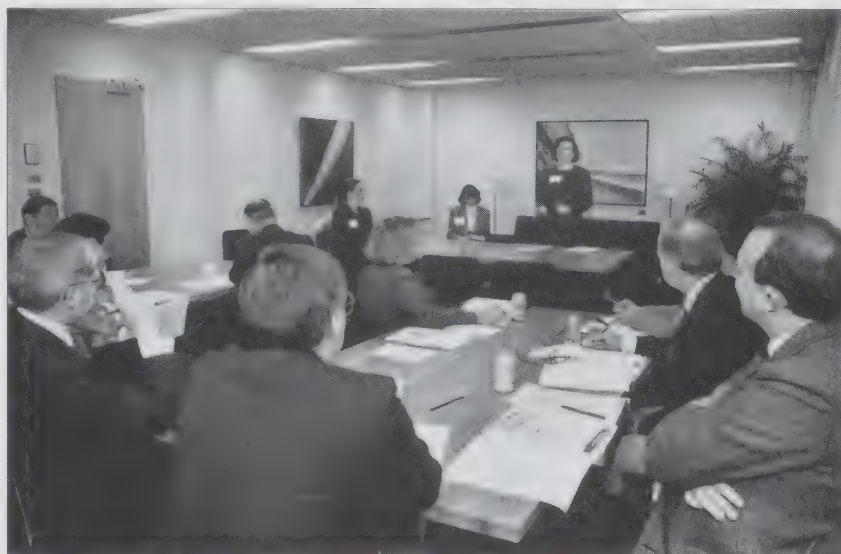
MSMS/Reimbursement Ombudsman

— MSMS has a reimbursement ombudsman to serve as a liaison with Michigan's Medicare carrier, Blue Cross Blue Shield of Michigan (BCBSM) and its Medicare staff. MSMS Reimbursement Ombudsman Joyce Nurenberg aids physicians in resolving claims reimbursement problems, and answers questions about the new payment system, coding changes, and billing requirements. Call her at (517) 3365722 for further information.

Speakers — MSMS can provide speakers to discuss the impact of RBRVS at county medical society meetings, hospital medical staff meetings, etc. Call Julie Lester at (517) 336-5768 in the MSMS Department of Medical Economics and Health Care Delivery for further information.

MSMS Seminars — MSMS is offering a series of RBRVS training seminars for physicians and office staffs. Look for details in Medigram or contact Lori Randall at (517) 336-5728 in the MSMS Department of Physician Education for further information.

Information Packet —MSMS offers an information packet which provides brief information on the new Medicare payment reform system. Included in the packet is information regarding the following: details of the new payment system; coding changes; policy changes affecting billing and payment; RBRVS resources for physicians; MSMS seminar schedule; next steps by organized medicine; and a glossary of terms.



Educating members about the RBRVS is top priority for members of the MSMS Department of Medical Economics and Health Care Delivery. Shown standing behind the table is Mary Anne Ford, Manager, MSMS Department of Medical Economics and Health Care Delivery addressing members of the MSMS Committee on Specialty Societies. MSMS can provide speakers to discuss the RBRVS at county medical society meetings, hospital medical staff meetings, etc. Call Julie Lester at MSMS for more information.

Julie Lester, chief, health care research, MSMS Department of Medical Economics and Health Care Delivery, has been answering several requests for speakers to discuss the impact of the RBRVS. If you would like a speaker to address your county medical society, hospital staff, or other group, call Julie Lester at (517) 336-5768.



MSMS Reimbursement Ombudsman Joyce Nurenberg is available to assist physicians in resolving claims reimbursement problems, and to answering questions about the new payment system, coding changes, and billing requirements. She may be reached by calling (517) 336-5722.



Three Things a Group Practice Needs to Survive

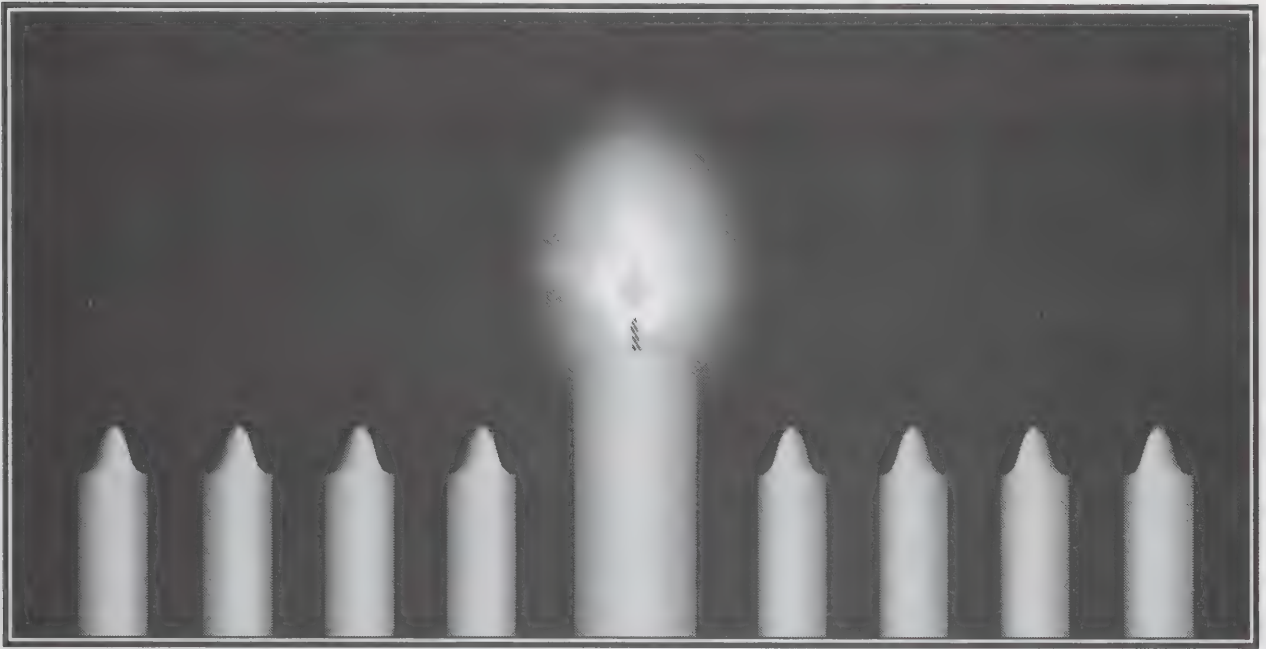
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MSMS ANNUAL Scientific Meeting Highlights



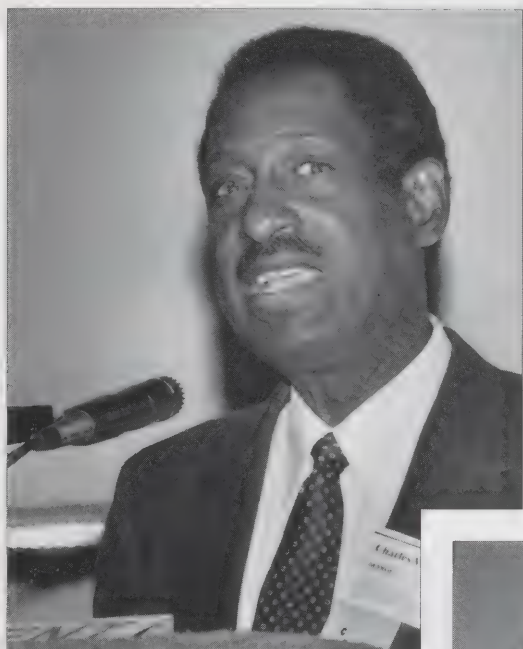
MSMS Annual Scientific Meeting attendees had the opportunity to attend a networking luncheon sponsored by exhibitors. Approximately 60 exhibitors participated in this luncheon. This was the first time such a luncheon was offered at the MSMS meeting.



The three-day MSMS Annual Scientific Meeting requires considerable planning and coordination. The 1991 event at the Hyatt Regency Dearborn was chaired by Conrad E. Nagle, MD (above), and members of the MSMS Annual Scientific Meeting Planning Committee. Members of the committee are: Rudi Ansbacher, MD; Stephen D. Barbour, MD; Deloris A. Berrien-Jones, MD; Frederick W. Bryant, MD; Miriam S. Daly, MD; Ved V. Gossain, MD; Alan B. Gruskin, MD; Dorothy Kahkonen, MD; Nicholas J. Lekas, MD; Judith L. Meyer, MD; David J. Millard, MD; Mohammad Mohsenian, MD; Robert M. Morrell, MD, PhD; John O'Donnell, MD; Butchi B. Paidipaty, MD; Robert W. Rosenbaum, MD; and Joan C. Stryker, MD.



The 1991 MSMS Annual Scientific Meeting drew approximately 1,000 Michigan physicians to Dearborn November 12-14 for three days of Category I CME courses. In addition, physicians were given the opportunity to visit the exhibit hall where approximately 74 exhibitors were on hand to discuss products and services ranging from insurance programs to waste management systems.



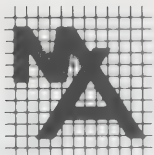
Physicians filled a meeting room at the Hyatt Regency Dearborn to hear "early bird" plenary session speaker Charles C. Vincent, MD, discuss, "Substance Abuse: The Physician's Role." Doctor Vincent is associate professor, Department of Obstetrics and Gynecology Wayne State University; vice-chief of staff, and chief, Division of General Gynecology, Hutzel Hospital, Detroit.

"Genetics as the Basis for Medicine in the 21st Century," was the topic of the second "early bird" plenary session offered at the MSMS Annual Scientific Meeting in Dearborn. Leading this discussion was Francis S. Collins, MD, PhD, professor of genetics and internal medicine, University of Michigan, and investigator, Howard Hughes Medical Institute.



A basic cardiac life support instructor, St. Lawrence Hospital, Lansing, shows physicians how to examine an unconscious victim as part of the ever-popular course on "Basic Cardiac Life Support."





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Brief Summary. Consult the package insert for complete prescribing information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix[®] may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlorazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,300 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2091 AMP
[091190]

References

1. Data on file, Lilly Research Laboratories.
2. *Scand J Gastroenterol.* 1987;22(suppl 136):61-70.
3. *Scand J Gastroenterol.* 1987;22(suppl 136):47-55.
4. *Am J Gastroenterol.* 1989;84:769-774.

NZ-2943-B-149347

Additional information available to the profession on request.



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MSMS to Hold First Annual Joint Section Meeting

The MSMS Sections for Hospital Medical Staffs, Young Physicians and International Medical Graduates will convene in a joint annual meeting for the first time March 14, 1992. The Joint Section Meeting will be held at the Dearborn Inn, Dearborn. Keynote speaker will be Robert McAfee, MD, vice chairman, AMA Board of Trustees.

Portions of the program will be held for all three section's delegates combined, while the sections will conduct their business matters separately. This allows for more streamlined and economical planning, the sharing of staff, supplies and facilities.

Early birds are invited to a reception Friday evening, March 13, which will be followed by dinner meetings for each section's governing councils. The Saturday program begins with registration and continental breakfast at 7 a.m., followed by an orientation by the MSMS speaker and welcome by the MSMS president. Concurrent meetings of the sections and reference committee hearings will complete the morning's program. Doctor McAfee will speak at noon.

The sections will separate for elections and reference committee reports in the afternoon. The IMGs will include roundtable discussions in the afternoon on licensing and regulation, residency appointments, immigration issues, and hospital staff issues. Meanwhile, the YPS will enjoy a presentation on media relations and the HMSS is planning to hear two prominent Michigan speakers.

For more information on individual section activities, contact: Tom Plasman, MSMS HMSS staff liaison, at (517) 336-5724; Betty McNerney, MSMS IMG Section staff liaison, at (517) 336-5749; or Deborah Zannoth, MSMS YPS staff liaison, at (517) 336-5763. ■



AMA & MSMS Co-sponsor HIV Insurance Program for Physicians

***Application Deadline Fast Approaching
Enrollment Period Ends March 1, 1992***

The American Medical Association and MSMS are pleased to announce co-sponsorship of an HIV Indemnity Plan for physicians, residents and students.

Almost two years ago, the AMA commissioned its wholly-owned subsidiary, the AMA Insurance Agency, to investigate the feasibility of providing such a plan. This was in response to the concerns of physicians residents and students who felt they might be exposed to the HIV virus during the conduct of their practices, or while in medical school. Evaluation of benefits, pricing and insurance carriers began, and in early 1991, Physicians Mutual Insurance Company of Omaha, Nebraska was selected as the underwriter for the programs. Physicians Mutual Insurance Company is rated A+ (Superior) by A.M. Best, an independent insurance industry rating organization. This rating testifies to PMIC's financial stability and sound operating performance.

Although the risk of infection is small, this product fills an important gap left by "traditional" insurance programs. Existing plans, such as life, disability income and medical expense benefits were not designed to cover HIV Seropositivity. Life insurance plans, for example, pay benefits upon proof of death. Apart from a limited number of plans that pay an accelerated benefit when the insured is judged to have a terminal illness, no funds are available to meet the costs of medical treatment or to replace lost income. And, accelerated payouts, of course, reduce the total face amount of the policy payable to the surviving beneficiaries.

Many people believe that their disability income policies will cover HIV infection. However, a physician diagnosed as HIV positive, who may be physically able to practice for months or years, might, for a variety of reasons, be prohibited from doing so. Based on a typical definition of disability ("... the inability to perform the substantial and material duties of your occupation, and for which you are receiving care by a physician....") benefits may not be payable. This leaves the insured with a financial dilemma, since income is not being generated and disability benefits are not being paid as an offset.

This new plan, introduced in late 1991, provides lump sum benefits of \$500,000, \$250,000 or \$150,000 for practicing physicians; \$250,000 or \$150,000 for resident physicians; and \$50,000 for medical students.

The benefits of this jointly-sponsored HIV product are not contingent on the insured's manifesting the end-stage symptoms of the acquired immunodeficiency syndrome. Instead, if an insured is infected subsequent to the effective date of insurance, a lump sum payout of the benefit selected at the time of application is made. This money can be used to retrain for different duties; to help pay medical expenses; wind down a practice; or in any other manner the insured claimant sees fit. Benefits and rates are individually guaranteed renewable for five years, and are not based on age, specialty, gender, income or geography.

The annual premiums are as follows:

	Benefit	Annual Premium
Physicians	\$500,000	\$940
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	\$150,000	\$295
Residents	\$250,000	\$480
	\$150,000	\$295
Students	\$50,000	\$90

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Michigan State Medical Society is proud to be a co-sponsor of this valuable plan of protection. The enrollment deadline for applying is March 1, 1992. It is imperative you act today if you are interested in applying for coverage.

This is a brief description of the program. Should you have any questions about the coverage, including availability in your state, please call Valerie Barker at (517) 336-7570, or the AMA Insurance Agency directly, toll-free, at 1-800-458-5736.

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OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. *Semin. Oncol.* 1975; 2: 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. *Ann. Intern. Med.* 1980 588-96.

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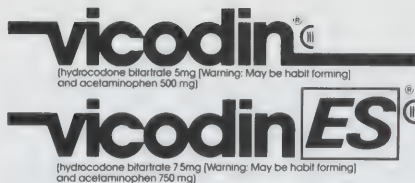
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1. Data on file, Knoll Pharmaceuticals
2. Standard industry new prescription audit



INDICATIONS AND USAGE: For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or hydrocodone.

WARNINGS:

Allergic-Type Reactions: VICODIN/VICODIN ES Tablets contain sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people.

Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS:

Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease.

Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, anxiolytic agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.

Usage in Pregnancy:

Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever.

Labor and Delivery: Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS:

The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes.

Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation.

Genitourinary System: Urteral spasm, spasm of vesical sphincters and urinary retention have been reported.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.

DRUG ABUSE AND DEPENDENCE:

VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substances Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/VICODIN ES Tablets should be prescribed and administered with caution.

OVERDOSAGE:

Acetaminophen Signs and Symptoms: In acute acetaminophen overdose, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Hydrocodone Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdose, apnea, circulatory collapse, cardiac arrest and death may occur.

Board of Medicine Actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Licensing and Regulation.

Name: Frank L. Clark, MD, MEC #1, 872 Napier Avenue, Benton Harbor, MI 49022

Action, Date Taken: Summary Suspension; November 20, 1991.

Reason: Drug related.

Name: James Howard Dallman, MD, 800 Lyncott Street, North Muskegon, MI 49445

Action, Date Taken: License Suspended - 30 days; October 23, 1991.

Reason: Negligence and Incompetency.

Name: Harshad Kumar Doshi, MD, 777 Riverview Drive, Benton Harbor, MI 49022

Action, Date Taken: Limited License; October 23, 1991.

Reason: Negligence and Incompetency.

Name: Robert A. Gruesen, Jr., MD, 513 S. 6th Street, Escanaba, MI 49829

Action, Date Taken: Limited License, Probation - 3 years; September 11, 1991.

Reason: Substance Abuse.

Name: Roy Eugene Hardman, MD, 665 Lakewood Lane, Marquette, MI 49855.

Action, Date Taken: Summary Suspension; November 21, 1991.

Reason: Conv-Criminal Sexual Conduct.

Name: James W. Karolyi, MD, 24555 Haig, Taylor, MI 48180

Action, Date Taken: Reprimand, Fined - \$3,700. Probation - 2 years; September 11, 1991.

Reason: Negligence and Incompetency.

Name: Jack Kevorkian, MD, P.O. Box 666, Troy, MI 48099

Action, Date Taken: Summary Suspension; November 20, 1991.

Reason: Negligence, Incompetence, and administering drugs for other than lawful diagnostic or therapeutic purposes.

Name: Oguz K. Ramadan, MD, 8313 Holly Road, Soyer Building, Grand Blanc, MI 48439

Action, Date Taken: License Revoked; September 11, 1991, Fined - \$5,000.

Reason: Drug related.

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[A large, dense block of handwritten signatures in cursive script, representing the 50+ physicians who have chosen the clinic.]

MEETINGS

MSMS Meetings

March

MSMS/MPMLC Closed Claim Review Sessions. A series of early morning Risk Management Sessions featuring surgery case studies will be held throughout Michigan in March. For further information contact: Julie Smith, Chief, Risk Management, (517) 337-1351.

Implementing RBRVS and Related Coding Changes. A series of afternoon and evening seminars will be held throughout Michigan in March. For further information, contact: MSMS Office of Physician Education, (517) 336-5784.

14, MSMS Joint Section Meeting, Dearborn Inn, Dearborn, MI. Contact: Judy Marr, Manager, Department of Communications and Professional Relations, (517) 337-1351.

16, AMPAC/MDPAC Constituent Skills Workshop, MSMS Headquarters, East Lansing MI. Contact: Sandra Bitonti, Assistant to Legislative Affairs, (517) 337-1351.

17, MSMS/MSMSA Government Affairs Day, Lansing Center, Lansing, MI. Contact: Sandra Bitonti, Assistant to Legislative Affairs, (517) 337-1351.

18, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

25-26, MSMS Conference on Maternal and Perinatal Health, Amway Grand Plaza, Grand Rapids, MI. Contact: Sarah Cressman, Assistant for Physician Education, (517) 337-1351.

May

1-3, MSMS House of Delegates, Hyatt Regency, Dearborn, MI. Contact: Wil-

liam E. Madigan, MSMS Executive Director (517) 337-1351.

AMA Meetings

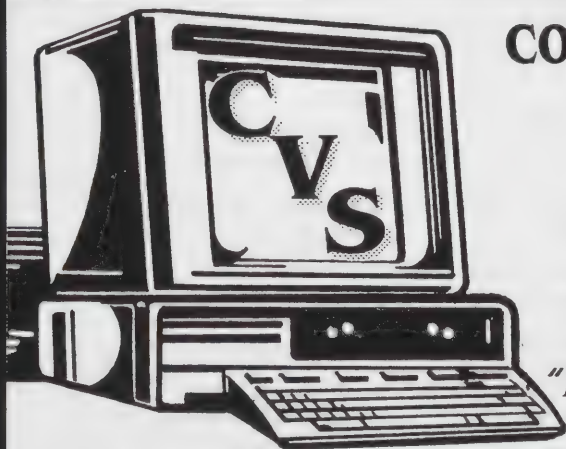
April

2-5, AMA Health Reporting Conference, Chicago Hilton and Towers, Chicago, IL. Contact: American Medical Association, (312) 464-5484.

Michigan Specialty Society Meetings

February

7 1991 Director's Conference Healthy Communities: Expanding Partnerships for Chronic Disease Prevention. Contact: Michigan Department of Public Health, (517) 335-8389.



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MEETINGS

26, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

March

11, The Early Phase of Psychotherapy with Children, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

12, Clinical Case Seminar on Transference and Resistance, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

April

8 & 22, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, (313) 559-5855.

29, The Early Phase of Psychotherapy with Children, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

May

6 & 20, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

National Specialty Society Meetings

March

27, Academy of Psychosomatic Medicine 39th Annual Meeting. Contact: Executive Director, Academy of Psychosomatic Medicine, 5824 North Magnolia, Chicago, IL 60660, (312) 784-2025.

August

8-14, Society of Magnetic Resonance in Medicine Scientific Meeting and Exhibition. Contact: Chairman, Young Investigator's Award Committee, Society of Magnetic Resonance in Medicine, 1918 University Avenue, Suite 3C, Berkeley, CA 94704, USA.

Other Meetings

March

7-14, Midwest Doctors Medical Seminars, Snowmass Village, Colorado. Contact: Richard Campau, Michigan State Medical Society, (517) 337-1351.

8-13, Thirteenth Annual Mammoth Mountain Emergency Medicine Ski Conference. Contact: Mark Song, MD (714) 552-0831. ■

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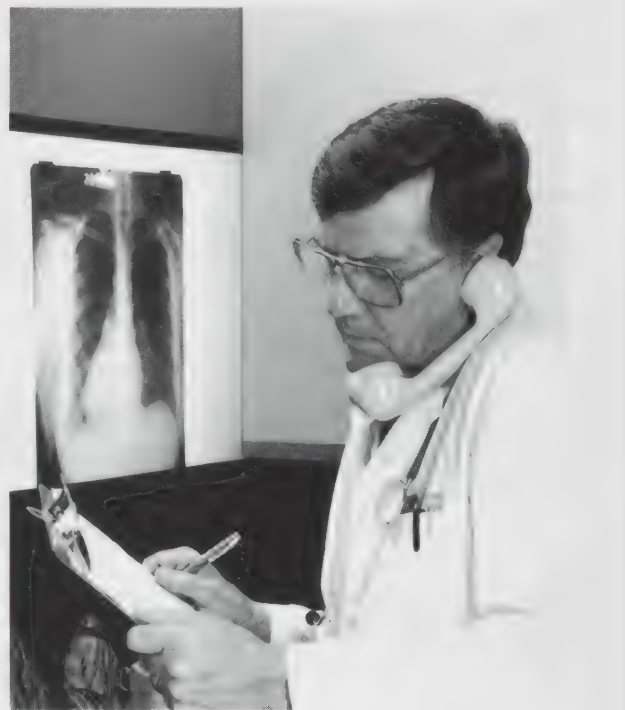
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CATEGORY I COURSES —

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

February

14-15, Endoscopic Sinus Surgery. **Location:** Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Otolaryngology. **Contact:** Tami Gibson, Registrar, Continuing Medical Education, University of Michigan Medical School, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 16 hours Category I Credit.

16-21, Seventeenth Annual Seminar on Emergencies in Medicine. **Location:** Boyne Highlands Ski Lodge, Harbor Springs, Michigan. **Sponsors:** Detroit Receiving Hospital. **Contact:** Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201, (313) 745-3484. **Approved for:** 25 hours Category I Credit.

27-28, Colposcopy for the Primary Care Physician. **Location:** Bay Valley Resort and Hotel, Bay City, Michigan. **Sponsors:** The National Procedures Institute. **Contact:** Beth Moe, (517) 631-2090. **Approved for:** 12 hours Category I Credit.

27-29, Advances in the Management of Infectious Diseases. **Location:** South Seas Plantation, Captiva Island, Florida. **Sponsors:** University of Michigan Medical School. **Contact:** Tami Gibson, Registrar, Office of Continuing Medical Education, Box 1157, University of Michigan Medical School, Ann Arbor, MI 48106-9869, (313) 936-9800 or 800-962-3555. **Approved for:** 14 hours Category I Credit.

28 - Mar. 1, MSMS/MPMLC Weekend Ski Seminar and Risk Manage-

ment: "Challenges and Opportunities." **Location:** Boyne Highlands Resort, Harbor Springs, Michigan. **Sponsors:** Michigan State Medical Society and Michigan Physicians Mutual Liability Company. **Contact:** Michigan State Medical Society office of Physician Education, (517) 337-5784. **Approved for:** 6 hours Category I Credit.

29 - Mar. 2, 1992 Midwest Clinical Conference. **Location:** Fairmont Hotel, Chicago, Illinois. **Sponsors:** Chicago Medical Society. **Contact:** Christine Ricker, Assistant Director, Meetings and Programs, Chicago Medical Society, 515 N. Dearborn St., Chicago, IL 60610, (312) 670-2550. **Approved for:** 9-13 hours Category I Credit.

March

3 & 10, The Silent Patient. **Location:** Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Association. **Contact:** David Fogel, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-0050. **Approved for:** 4 hours Category I Credit.

5-8, Intensive Review of Geriatric Medicine. **Location:** William Beaumont Hospital, Royal Oak, Michigan. **Sponsors:** William Beaumont Hospital. **Contact:** Division of Geriatric Medicine, William Beaumont Hospital, (313) 551-0622. **Approved for:** 32 hours Category I Credit.

6-7, Endoscopic Sinus Surgery. **Location:** Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Voeller, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 16 hours Category I Credit.

8-11, Fiberoptics Workshops for the Difficult Airway. **Location:** Red Lion's La Posada Resort, Scottsdale, Arizona. **Sponsors:** University of Michigan Medical School, Department of Anesthesiology. **Contact:** Angela Voeller, Towsley Center for Continuing

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Continued from page 41

Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

8-13, Emergencies in Medicine. Location: The Yarrow, A Dunfey Resort and Conference Center. **Sponsors:** Detroit Receiving Hospital. **Contact:** Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201, (313) 745-3484. **Approved for:** 25 hours Category I Credit.

17-21, Family Practice 1992 - 16th Annual Spring Review Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Family Practice. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-

9869, (313) 763-1400. **Approved for:** 35 hours Category I Credit.

17 & 24, Twins: Special Emotional Problems. Location: Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Educational Association. **Contact:** David Fogel, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-0050. **Approved for:** 4 hours Category I Credit.

21, Third Annual Symposium on Medical Complications of Pregnancy: "Update on Gestational Diabetes Mellitus." Location: William Beaumont Hospital, Royal Oak, Michigan. **Sponsors:** William Beaumont Hospital. **Contact:** Liz Kretschmann, Office of Continuing Medical Education, William Beaumont Hospital, 3601 W. 13 Mile Rd., Royal Oak, MI 48073-6769, (313) 551-0429. **Approved for:** 4 hours Category I Credit.

27-28, Colposcopy for the Primary Care Physician. Location: Bay Valley Resort and Hotel, Bay City, Michigan.

Sponsors: The National Procedures Institute. **Contact:** Beth Moe, (517) 631-2090. **Approved for:** 12 hours Category I Credit.

27-28, 15th Annual Mid-West Glaucoma Symposium. Location: Ritz Carlton, Dearborn, Michigan. **Sponsors:** Sinai Hospital of Detroit. **Contact:** Hugh Beckman, MD, 6767 West Outer Drive, Detroit, MI 48235, (313) 493-5157. **Approved for:** 8.5 hours Category I Credit.

April

2-3, Challenges and Changes: Obstetrics and Gynecology in the 1990's. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

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CATEGORY I COURSES

7&14, Rebellion Against Authority, Rational and Irrational. Location: Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Association. **Contact:** David Fogel, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-0050. **Approved for:** 4 hours Category I Credit.

8-10, Ultrasound in Obstetrics and Gynecology. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 21 hours Category I Credit.

23-24, Colposcopy for the Primary Care Physician. Location: Bay Valley Resort and Hotel, Bay City, Michigan. **Sponsors:** The National Procedures Institute. **Contact:** Beth Moe, (517)

631-2090. **Approved for:** 12 hours Category I Credit.

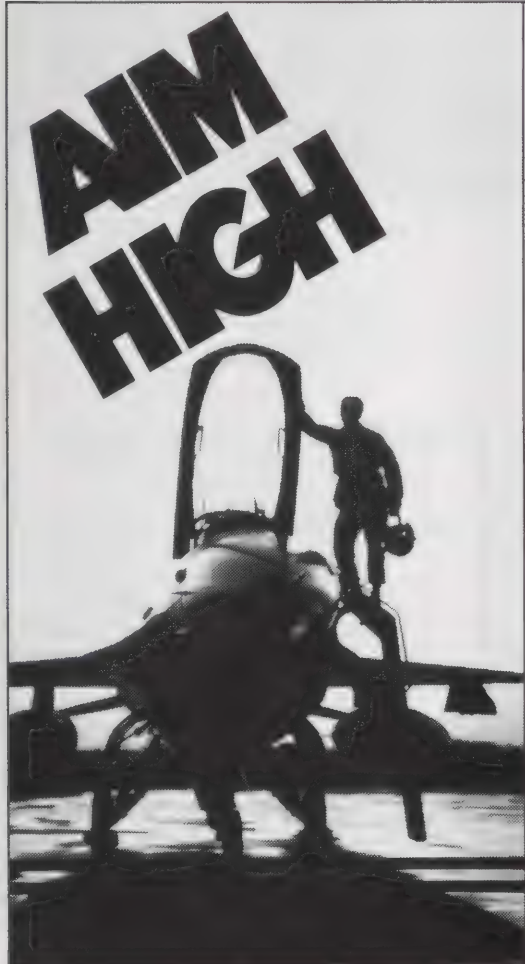
24-25, The Phlebotomy Team. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Pathology. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 10 hours Category I Credit.

27-May 1, Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 33.5 hours Category I Credit.

30-May 2, 24th Annual Cancer Symposium "Cytometry 2000." Location: Hutzel Educational Center, Hutzel Hospital, Detroit, Michigan. **Sponsors:** Wayne State University School of Medicine and Harper Hospital. **Contact:** Wayne State University School of Medicine, Division of Hematology and Oncology, Department of Internal Medicine, Harper Hospital, 3990 John R., Detroit, MI 48201, (313) 577-8224. **Approved for:** 16.5 hours Category I Credit.

May

14-15, Vestibular Rehabilitation. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 12 hours Category I Credit. ■



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In the next year, two years and beyond, MSMS and AMA—with your help—will continue to fight for improvements in the RBRVS through legislation. A long laundry list of activities already is planned, including the development of a consensus on legislative and regulatory priorities based on input from state, specialty and group practice advisory committees.

The only way any changes and improvements will be made in the RBRVS, however, is if we all stick together. We can be conquered when they are able to divide us. Let's not let that happen. Medicine has been through horrific changes in the past and we have survived them. We will survive this one, too, if we band together.

Gearing up for the coming year,

of course, requires more than implementing the RBRVS. It's not the only thing on the plate of MSMS this coming year. We must band together, too, if we are going to be successful in getting medical liability reform bills through the legislature. Right now we are halfway there, with the Senate passing the bills with strong, bi-partisan support in November. The bills are now in the House, co-sponsored by 62 Democrats and Republicans. If you ever have pleaded for liability relief, now is the time to let your state representative hear from you. Please call them and ask them to vote for House Bills 5434 and 5435.

We still have other issues to deal with in '92, too. Following us into the new year are the debate over AIDS testing, the debate over physician assisted suicide, Medicaid funding, health care reform, care for

the uninsured, rural health care, infant mortality and the list goes on and on.

It's going to be an action-packed, adventurous year. And in truth, it will be better than a movie because if we become involved, you and I can have an impact on the final scene. ■

Doctor Burton is MSMS president.



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Gearing up for the coming year

By Robert D. Burton, MD

Maybe it will help you through the new year if you think of it as an action-adventure movie.

Last year the movie was "RBRVS—The Escape from HCFA," or maybe it should be called "Dances With Wolves."

The sequel is already out for 1992. It's called "RBRVS II—Driving Us Crazy."

Whatever the name, the plot remains the same. It goes like this: a small group of people in America is singled out by a government bent for control. The group courageously fights with all its ability and wins some concessions, but in the end, the monolithic bureaucracy has its way. Individuals within the group grudgingly accept their fate—but only for the time being. Their eyes reveal that an indefatigable, unbeatable, defiant spirit remains. At the end of the movie, the group gets back together to make plans for the future. And, yes, there will be yet another sequel.

Right now we are at the point where we are grudgingly accepting our fate. But only for the time being. We are learning about the effects the new RBRVS will have on our practices. And we are scurrying to switch over to a new coding system in what seems an impossibly short time.

Organized medicine has fought hard for nearly a decade to ensure that nothing more sinister (such as DRGs, capitation and mandatory assignment) would replace the "customary, prevailing, and reasonable" physician payment system. What we ended up with, the Resource Based Relative Value Scale (RBRVS), certainly is not benign, but it also is not the devastating Hydra it could have been. Individual physicians, specialty societies, state societies and the AMA, all had a

hand in the development and implementation of the RBRVS. We worked together to make the best of a difficult situation and we had some successes.

We must work together

The best way to get through the next few months and then the next several years, again, will be by working together. In the short run, physicians must realize they are not alone in getting their offices switched over to accommodate the RBRVS.

MSMS is offering an unprecedented blitz of seminars all across the state to educate physicians and office staffs on the changes. (Contact the MSMS Office of Physician Education for details.)



MSMS also has a reimbursement ombudsman to serve as a liaison with Michigan's Medicare carrier, Blue Cross/Blue Shield of Michigan and its Medicare staff. If you have questions about claims reimbursement, coding changes and billing requirements, call Joyce Nurenberg at MSMS at 517-336-5722.

Speakers from MSMS will attend your county society meeting, specialty society meeting, or hospital staff meeting to discuss the impact of the RBRVS. Call Julie Lester at 517-336-5768 in the MSMS Department of Medical Economics and Health Care Delivery for more information.

The AMA also has a new hotline to answer physician questions on the RBRVS. Call 1-800-AMA-3211 and say "Priority Code JM001" to speed your requests.

These are just some of the highlights of what physician organizations are doing to help physicians cope in the next several months.

Continued on page 55

◆

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Contraindications: Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdose. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

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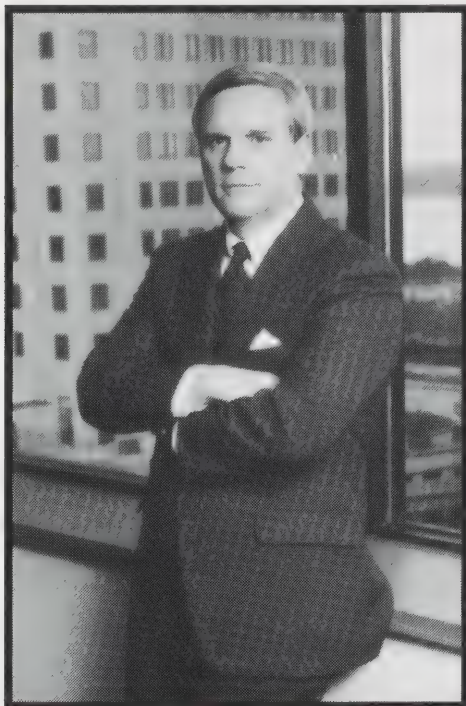
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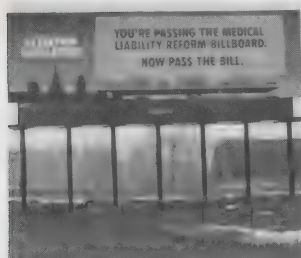
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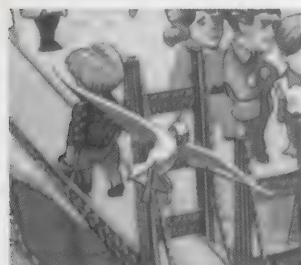
Award-Winning Journal of the Michigan State Medical Society

COVER STORY

Michigan residents are deeply concerned about the affordability of health care, but they have not reached a consensus on how to remedy the problem. This is the major finding of the first annual Michigan Health Care Poll, commissioned by the Michigan Partnership for Health Care. The survey focuses on several areas: general health issues facing Michigan, the place of health in state funding priorities, health threats, attitudes toward the cost of health care and medical liability insurance, future trends in health care, health behaviors of Michigan residents, and demographics. This month's cover story presents an executive summary of the poll. Key findings of the study will appear in future issues of *Michigan Medicine*.



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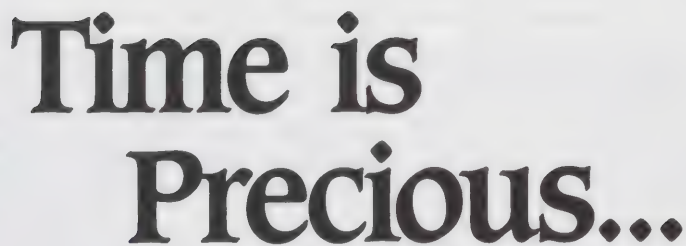
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Public Health Issues

Cover illustration: By Robert L. Brent



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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranted by MSMS.

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Michigan Medicine is pleased to introduce this new column. Soundoff! provides you with the opportunity to voice your opinion about any issue you please. If you have an opinion you would like to share with your colleagues, write it down and send it to *Michigan Medicine*, P.O. Box 950, East Lansing, MI 48826-0950 Attn: Betty McNerney. We will do our best to publish your comments in a timely manner.

Don't bad-mouth your colleagues

By Marshall Pattullo, MD

After nearly 15 years of devoting my practice exclusively to medical/legal consultation and evaluation, I continue to be disheartened at the frequency with which malpractice cases I see and the medical materials that I read, have been initiated or instigated by a shot across the bow fired by a colleague of the physician being sued. These usually take the form on unsolicited derogatory comments by one physician about the quality of the work performed by another, usually to a patient seeking care or opinion for an unresolved complaint. The new physician, presented with a history that Dr. Jones did thus or so, said such and such, or that he performed procedure X, proffers the opinion that the other physician doesn't know what he is talking about, and that whatever it is he did or said was at the best useless, and at the worst, dangerous. Such comments, most often based on very little or even no accurate information as to exactly what was really said or done, are unfortunately, likely to fall, like ripe seeds, into the fertile and receptive imagination of a poorly-informed and suggestible patient. Such patients, by the very fact that they are seeking additional advice, are likely to readily accept the notion that whoever their

former doctor was, he didn't know what he was doing. Since they are talking to the new doctor because they have doubts or dissatisfactions with their old one, and since a friend or relative recommended the new one, they have ample reason to believe their suspicions confirmed when the new doctor bad-mouths their former care.

I honestly do not understand why some physicians, and in my specialty, orthopedists, persist in belittling their colleagues. Most of the physicians that I know have plenty of self-confidence and esteem, enough to make it seem unlikely that such behavior is based on insecurity and a need to bolster their own egos by demeaning the performance of others. Nevertheless, I continue to see evidence that suggests that the enemy lies within our own ranks. I am not speaking of the necessity of a conspiracy of silence in any sense, nor do I feel it is unethical for a physician to testify against another, when the facts are clearly available, and he feels sincerely that malpractice has occurred. I speak here only of the casual, off-hand, sneering remarks related to me by patients as having been made to them by physicians who were being asked to provide second opinions or follow-up care.

It seems obvious that doctors whose opinions are being sought should be honest and straightforward.

Continued on following page

SOUNDOFF!

ward about what they intend to do, and even explain to patients why the procedure they suggest is different than that which has been done by a previous physician. Equally obvious is that it can be done in less inflammatory ways than by saying "Good God, why would some doctor do this to you. He ought to know better than to do procedure X or I can't believe that your doctor didn't know any better. He should have gotten such and such a test, which I am going to order right now. And don't dismiss the power of the raised eyebrow or other such body language expressions of contempt for what has gone before."

Even if one disagrees, as we all do at times, with the treatment or advice previously suggested or attempted, the only result of putting down that physician is the probability that the patient now feels that the low opinion he had of his previous doctor's treatment has been confirmed. It's really pretty easy to be diplomatic without being deceitful. A simple "Yes, I understand that Dr. Jones has not accomplished what he hoped to do for you by doing this procedure, and I think

that if you would like me to care for you, I'd like to do it in such and such a manner," is all that's necessary. Hypocritical praise is certainly not needed, just an easy change of direction, without the need of pinning your colleague to the mat in doing so. In the litigious atmosphere in which we find ourselves at present, the least we can do is to keep from casting arrows at our fellow physicians. We all say things to patients that they misinterpret, and in the retelling to their relatives or to the next physician can make us look uninformed or callous.

The next time someone reports to you that Doctor Jones has told them they will be crippled for life if they were to have such and such treatment, remember that what Doctor Jones probably told them was a recounting of the possible complications of that procedure, among which was the dreaded "crippled for life" phrase which they now carry as a sure sign of seriousness of their condition and the capabilities of Doctor Jones. Do both them and Doctor Jones a favor - give him credit for not being a moron,

and gently suggest the alternative you have in mind, without making it sound like Jones should be spanked and put to bed. ■

Doctor Pattullo is a Grand Rapids orthopedic surgeon.

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A monthly update of key MSMS activities

**Governor says liability
reform needed now;
video available**



Now is the time for strong grassroots support of medical liability reform, Gov. Engler told representatives of the Michigan Medical Liability Reform Coalition Jan. 31. He urged Coalition members to communicate with their members the critical need to contact legislators now on the issue. The medical liability reform package, which passed the Senate last November, currently is under consideration by the House.

As a visual tool to help demonstrate Michigan's medical liability crisis, the nearly 60-member Coalition recently produced a 15-minute video as well as patient action brochures and postcards addressed to the legislature. Physicians, hospital officials, MSMS Auxilians, local chambers of commerce officials, legislators and others have requested more than 1,100 copies in the month since its release, and over 12,000 copies of the brochures.

Materials are available free on request along with a prepared speech on a first-come first-serve basis. Physicians can use the video during speaking engagements, community meetings, etc. Call David Fox or Judy Marr for details.

**Government Affairs
Day brings physicians/
legislators together**

MSMS is sponsoring two events this month to help physicians hone their political skills. On March 16, MSMS and the AMA will conduct a day-long constituent skills workshop at MSMS. On March 17, MSMS and the MSMS Auxiliary will host Government Affairs Day. Physicians will be briefed on MSMS legislative priority issues. They'll visit with their legislators to discuss those issues, including medical liability reform. Later in the day, senators and representatives will speak to physicians about their 1992 legislative agenda.

MSMS leaders also met first-term state lawmakers at a special MSMS reception Feb. 18 at MSMS East Lansing headquarters. The event provided an opportunity for MSMS officers, Board members and other leaders to talk with the 23 new legislators about MSMS priorities.

**MSMS seminars aid
physicians in practice
management**

Physicians have access to practice management information through 1992 seminars being offered statewide by the MSMS Office of Physician Education. Seminar topics include implementing RBRVS and related coding changes; mastering the new CPT codes; risk management; financial planning; health law updates; and working on accent reduction.

A complete 1992 MSMS seminar calendar was mailed recently to members. For additional copies or further information, call the MSMS Office of Physician Education at (517) 336-5784.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517/337-1351.

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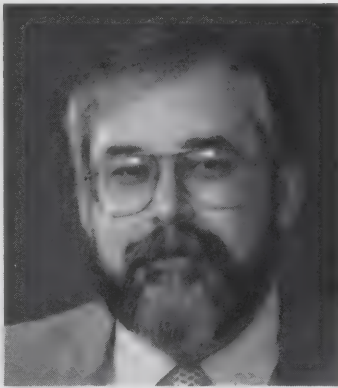
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MEDICAL NEWSFRONTS

Genesee County Medical Society executive among chosen few

Genesee County Medical Society Executive Director Peter A. Levine, MPH, was recently chosen by *Health Care Weekly Review* as one of eight people or organizations who "made a difference" in 1991.



Peter A. Levine, MPH
executive director

Also among the eight were: Charles C. Vincent, MD, chief of obstetrics and gynecology at Detroit Riverview Hospital, and Senator John "Joe" Schwarz, MD.

Health Care Weekly Review stated the following about Levine in its January 6, 1992 issue:

"The Genesee County Medical Society goes where no medical society has gone before. Or might want to. The Flint-based group takes on issues before they are politically correct. It developed a format for a living will/durable power of attorney that is used by the Michigan State Medical Society and is now the basis for Michigan law; lobbied against low-level nuclear waste disposal in Michigan; and created an indigent care clinic in cooperation with the county health department. The medical society introduced 10 per-

cent of the resolutions acted upon by the MSMS and three out of the 10 resolutions sponsored by MSMS at the American Medical Association House of Delegates."

Doctor Vincent was chosen by *Health Care Weekly Review* for his dedication to practicing obstetrics in an environment where malpractice costs are very high and Medicaid reimbursement very low. Senator Schwarz was chosen because "he has endeared himself to us as one of the only coherent voices in the legislature." Considered a "health policy stalwart," *Health Care Weekly Review* said "he makes a great deal of sense."

AMA offers publications, services to help physicians convert to RBRVS

The American Medical Association (AMA) has developed several publications and services designed to assist physicians and administrators in converting to the new Resource-Based Relative Value Scale (RBRVS) method of Medicare payments.

Books and periodicals

CPT 1992 provides a list of the AMA's 1992 Current Procedural Terminology (CPT) codes, which are essential for use by physicians to avoid delays in claims processing and payment. In addition, CPT minibooks provide specific information for specialty areas and several medical specialties. Another version of CPT 1992 covers hospital outpatient services. The cost for CPT 1992 is \$27 for AMA members and \$34 for non-members, with or without the minibook. CPT *Hospital Outpatient Services* is \$34. A CPT 1992 floppy disk version is available to AMA members for \$140 and non-members for \$175. CPT 1992 also is available on magnetic tape in short

and long procedure description versions, for \$385 and \$550 respectively. These orders can be placed by writing Gwen Kennedy, AMA Order Department, 515 N. State, Chicago, IL, 60610. In addition, the AMA has developed a quarterly newsletter, CPT Assistant to provide physicians practical suggestions for coding on a day-to-day basis. Articles, charts and tables designed to provide physicians insight into methods coding are included. Subscription cost is \$85 for AMA members and \$135 for non-members.

Medicare Physician Payment Reform: The Physicians' Guide, a two-volume set, provides physicians with the most recent information on RBRVS and explains its background and history. Cost of the guide is \$37.50 for AMA members and \$50 for non-members.

Estimated Changes in Payments to Physicians aids physicians and administrators in estimating the impact of RBRVS on their practices. The book includes estimates by specialty and location. Cost for the item is \$30 for AMA members and \$50 for non-members.

The Physicians' Guide to Medicare, a subscription service developed in conjunction with Commerce Clearing House, Inc. (CCH), provides a complete overview of the Medicare program. A semi-monthly newsletter providing information on Medicare policy and other changes also is included with the subscription. Along with the newsletter, subscribers will receive update pages to replace information that becomes outdated. The book's three-ring binder construction allows for easy replacement of pages. The annual cost for two-year subscriptions is \$265 for AMA members and

Continued on following page

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\$295 for non-members. One year subscriptions are \$290 for AMA members and \$325 for non-members. Orders can be placed by calling CCH at 1-800-248-3248.

Video

"Physician Payment: Implementing RBRVS" is a ten-minute video highlighting RBRVS and its implementation. The video is first in a series of six video journals to be produced in 1992 designed to keep physicians apprised of critical issues facing the medical profession. Cost is \$9 per video for AMA members and \$11 per video for non-members. To order any of the above books, periodicals or video, call 1-800-621-8335.

AMA continues to work on RBRVS implementation

Since the release of the new Medicare RBRVS payment system regulation, AMA has heard physicians' concerns and is responding by expanding and refocusing its advocacy efforts.

During the next several months, the AMA will focus and expand its activities emphasizing assistance to physicians as well as legislative and regulatory relief. Some specifics of the plan are:

- Developing consensus on legislative and regulatory priorities based on input from state, specialty and group practice advisory committees;

- Intensifying lobbying and grassroots activities for EKG interpretations; eliminating new physician cuts; and increasing payments for assistants at surgery;

- Developing 1993 recommendations for Medicare MVPS and conversion factors;

- Pursuing relief on balance-billing limits;

- Seeking expedited adoption of new visit codes by state Medicaid agencies; and

- Urging HCFA to refine Geographic Practice Costs Indices

(GPCIs) for malpractice and office overhead.

MDPH announces spending priorities for tobacco tax

Michigan's Public Health Director Vernice Davis Anthony, Mental Health Director James K. Haveman, Social Services Director Gerald H. Miller, and Services to the Aging Director Nancy Crandall, have met extensively to examine and prioritize human service needs. As a group, the directors have agreed that if the Legislature passes, and the Governor signs the proposed tobacco tax increase into law, that the following principles be used to evaluate plans to spend the revenues generated:

- A priority should be placed on early intervention and prevention of disease and disability.

- The impact on Michigan's most vulnerable populations — children and families — must be maximized.

- Long run cost-effectiveness must be maximized.

- Benefits for future generations of Michigan citizens must be statewide.

- Keeping citizens independent and productive must be a priority.

- Service delivery should be through local governmental agencies.

- Capture of available federal funds should be maximized.

The directors are deeply concerned about the unhealthy status of Michigan's population, ranking dead last among all the states for early deaths due to chronic disease. In large part, this is due to the fact that Michigan is tied with Kentucky for having the highest percentage of its citizens who are addicted to tobacco through smoking.

The high per capita cost of sick care in Michigan of \$2,100 far out-ranks current annual spending of 62 cents per capita for preventive care.

Public health priorities center on child health, reducing smoking and other behavioral risks, and creating community risk reduction programs.

Revenues from the proposed increase in tobacco taxes would enable the state to fulfill the statutory commitment to 50/50 cost-sharing with local communities for basic and required public health services, and to add family planning to the list. State funding levels have never reached the promised 50 percent level and have, in fact, declined over time.

Smoking survey results alarming, MDPH reports

Results of the 1990 Michigan Behavioral Risk Factor Survey on Cigarette Smoking in Michigan — released in January — indicate the apparent trend of cigarette smoking among Michigan adults has been increasing since 1988. Other findings indicate:

- Michigan now has the second worst cigarette smoking prevalence rate in the nation, according to the Centers for Disease Control. Michigan is surpassed only by the tobacco growing state of Kentucky.

- In 1990, 29.2 percent of all Michigan adults 18 and older were smokers. Thus, over 1.9 million Michiganders are putting themselves at serious risk for heart attack, stroke, lung cancer and emphysema.

- Michigan males are smoking at the rate of 32.2 percent and Michigan females at the rate of 26.4 percent. Although the percentage of women who are smoking is less than men, women are quitting at a lower rate than men.

- Particular high-risk groups include:

- persons with less than high school education, who are smoking at a rate of 36.6 percent, as compared with college graduates, who are smoking at a

rate of 13.7 percent.

- persons with incomes of under \$10,000 per year, who are smoking at a rate of 32.4 percent, versus those with incomes of over \$35,000, who are smoking at a rate of 27.7 percent.

- young males age 18 to 34, who have increased their smoking prevalence from 27.1 percent in 1988 to 36.1 percent by 1990.

■ Cigarette smoking is the chief preventable cause of death in Michigan, resulting in over 15,300 deaths each year.

■ Smoking among pregnant women is responsible for 10 percent of Michigan's infant death problem.

■ Michigan is ranked by the Centers of Disease Control as being "dead last" in combined death rates for all chronic diseases. Michigan's high rates of cigarette smoking are

the chief reason for our abnormally high levels of mortality from coronary heart disease, lung cancer, and chronic obstructive pulmonary disease.

■ There is solid evidence that no matter how long someone has smoked, quitting will reduce the risk of developing heart disease.

■ Seventy percent of all current smokers would like to quit. Free self-help materials are available by calling the Health Promotion Clearinghouse Hotline at 1-800-537-5666 or by contacting local chapters of the American Cancer Society, American Lung Association or American Heart Association.

Substance abuse services expected to improve in state

More well-trained counselors will soon be available to persons

with substance abuse problems because of a new counselor training project being conducted by the state. The Office of Substance Abuse Services, Michigan Department of Public Health, has received a \$37,000 grant from the National Association of State Alcohol and Drug Abuse Directors (NASADAD) for training 350 entry level counselors.

Participants will be selected by regional and local officials throughout the state. The training will enable these individuals to become fully certified counselors.

The project is slated for completion this month, according to Karen Schrock, administrator, Office of Substance Abuse Services. Monitoring the project will be handled by the national association. ■

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PHYSICIANS IN THE NEWS

Charles C. Vincent, MD

recipient of WSU Distinguished Alumni Award



Charles C. Vincent, MD, MSMS board member and alternate delegate to the AMA recently received the Distinguished Alumni Award from the Wayne State University School of Medicine. Doctor Vincent is newly-named chief of obstetrics and gynecology at Detroit Riverview Hospital and former assistant dean for admissions in the School of Medicine.

Doctor Vincent was also recently selected by *Health Care Weekly Review* as one of eight people or organizations who "made a difference" in 1991.

Mark D. Kolins, MD,

is president of the Michigan Society of Pathologists for 1991-92. Other new officers include: John Schaldenbrand, MD, president-elect; and Thomas McCormick, MD, secretary-treasurer.

James Austin Womack, MD,

is the new medical director of the Pain Therapy Center of Southeastern Michigan. Doctor Womack is director of pain management services with Outer Drive Anesthesiologists, PC. He was formerly director of the Pain Management Center at Mount Carmel Mercy Hospital, Detroit.

Musa Haffajee, MD,

surgery assistant clinical professor, MSU College of Human Medicine, has pioneered in Flint the use of laboratory-cultured grafts of a patient's own skin to cover extensive burns.

William F. Chandler, MD,

Ann Arbor, is newly-named president of the Congress of Neurological Surgeons. Doctor Chandler is currently professor in the Section of Neurosurgery at the University of Michigan. He also serves as a consultant in neurosurgery at Veterans Administration Hospital, Ann Arbor.

Alexander J. Walt, MD,

distinguished professor of surgery, Wayne State University School of Medicine, is newly-elected chairman of the Board of Regents of the American College of Surgeons. He is the first physician from the state of Michigan to be elected to this position since the College was founded in 1913.

Peter A. Duhamel, MD,

a Rochester physician and member of the MSMS Board of Directors, is the newly-elected president of the Rochester Chamber of Commerce. During his term as president, Doctor Duhamel hopes to emphasize the involvement of professionals like himself in the group. "Doctors, lawyers can learn that the Chamber can help their business, too," he recently told the Rochester Hills Reminder.

Robert J. Sokol, MD,

dean, Wayne State University School of Medicine, will be included in the publication "The Best Doctors in America,"



to be published by Woodward/White, Inc. Physicians included in the directory were selected through a nationwide poll of leading physicians conducted

by the publisher. Doctor Sokol is a leading obstetrician/gynecologist and a foremost authority on the effects of alcohol and drug abuse in the maternal-fetal population. Before being named dean in 1989, Doctor Sokol was chairman of the WSU Department of Obstetrics/Gynecology at Hutzel Hospital, where he established and continues to direct the Fetal Alcohol Research Center.

Willard S. Stawski, MD,

is recipient of the Distinguished Community Faculty Award, MSU College of Human Medicine. A Grand Rapids general surgeon, Doctor Stawski is a member of the MSMS Board of Directors. ■

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AFFORDABLE HEALTHCARE **THE BIG ISSUE**

Michigan residents are deeply concerned about the affordability of health care, but they have not reached a consensus on how to remedy the problem. This is the major finding of the first annual Michigan Health Care Poll, commissioned by the Michigan Partnership for Health Care, a group of eight Michigan organizations which includes MSMS. This month's cover story presents an executive summary of the Michigan Health Care Poll. Key findings of the study will appear in future issues of *Michigan Medicine* and other MSMS publications.

Brent

Introduction and Major Findings

Michigan residents are deeply concerned about the affordability of health care, but they have not reached a consensus on how to remedy the problem. This is the major finding of the first annual Michigan Health Care Poll, commissioned by the Michigan Partnership for Health Care and undertaken by Public Sector Consultants. The survey asked 800 Michigan residents a wide range of questions on health care and the priority of health care concerns in relation to other pressing state problems.

Perhaps the best sign that health care is a major public policy concern is that survey respondents place as high a priority on it as they do on improving education. Only creating more jobs is seen as a more important issue than making health care affordable. In addition, the issue is seen as an important problem by the middle and upper-middle class not just the disadvantaged. In fact, middle and higher income households are more pessimistic about being able to afford health care in the next ten years than are less well-off residents.

While clear majorities believe it is the government's and employers' responsibility to fund health care for the growing number who cannot afford it, support wanes below a majority when funding sources (new taxes and cuts in existing programs) are thrown into the equation. We are paralyzed in the face of satisfactory, but not yet compelling, solutions.

Health Care Among State Problems

It is certain that health care problems truly rankle the public when polls show that insuring affordable health care to all is considered as significant as improving education. While economic struggles make creating more jobs the obvious choice as the biggest problem facing Michigan (37 percent of respondents chose it), insuring affordable health care for all and improving education were mentioned second most often (15 percent each). Lowering taxes, fighting crime and drugs, balancing the state budget, and improving the environment lagged well behind. (See Exhibit 1.)

Racial breakdowns show that whites rank affordable health care (17 percent say it is the state's biggest problem) higher than improving education (15 percent), with both well behind creating more jobs (35 percent). Blacks see creating more jobs (40 percent), fighting crime and drugs (22 percent), and lowering taxes (12 percent) as bigger problems than improving education and insuring affordable health care (9 percent each). Perhaps surprisingly, blacks see lowering taxes as slightly more important than whites do (12 percent to 10 percent, respectively).

Exhibit 1: Biggest Problem Facing Michigan

Creating more jobs	37%
Insuring affordable health care for all	15
Improving education	15
Fighting crime and drugs	11
Lowering taxes	10
Balancing the state budget	7
Other	5
Improving the environment	2

Continued on following page

Other Major Findings

- Nearly one-fifth of those without health insurance say that they go without health care even though they need it.
- As health care becomes less affordable for the middle class, access to care for the poor becomes a lower priority in the public's mind.
- Slightly more than half of the respondents support the Michigan Senate Republicans' program for low-cost insurance with limited benefits and tax credits.
- Those favoring the Senate plan find raising the cigarette tax the best way of securing additional state funds for the plan.
- Michigan residents are much more likely to support rationing for Medicaid recipients than for everyone.
- Almost 60 percent of respondents believe that physicians should be able legally to help patients end their lives if two physicians certify that a person has less than six months to live, is mentally competent, and makes the request in writing.
- Respondents believe that rising medical liability insurance costs are a major reason behind rising health care costs.

Continued from page 15

In terms of age, respondents aged 55-64, who are most likely to be covered by health insurance, also most strongly believe that the affordability of health care is the state's biggest problem (21 percent). Conversely, respondents aged 18-24, who are least likely to have health insurance, are least likely to think health care is a major problem (12 percent). This generational rift suggests that the nearly elderly, on the verge of the years in which they may need more health care, are not confident that their existing health coverage will meet their anticipated greater needs.

Respondents believe health care should be a higher state spending priority than education. (See Exhibit 2.) They also believed that state funding for health care should be a much higher priority than funding for prisons and corrections, roads and transportation, and mental health and social services.

Exhibit 2: Should State Funding for Health Care be a Higher Priority, a Lower Priority, or About the Same Priority as the Following?

	Higher	Same	Lower
Prisons and corrections	54%	30%	11%
Schools and education	27	47	22
Roads and transportation	46	40	10
Mental health and social services	34	51	10

Affordable Health Care: The Big Issue

Overwhelmingly, respondents believe that high costs are the biggest problem facing the health care system in Michigan. (See Exhibit 3.) Forty-one percent focused on making health insurance affordable and another 25 percent on the high costs of health care; two-thirds of Michigan residents, then, see cost and affordability as the central problems in health care. Access and quality were less pressing: Providing health care for the poor (14 percent), having quality care available (6 percent), and providing care for the elderly (6 percent) were next in line. As other surveys have shown (see Public Sector Consultants' *Public Opinion Monitor* of July 1991 on social services) when people are asked isolated questions about the importance of providing health care for the poor they strongly support it. Asked to choose between the poor and health care problems that worry them personally, however, and they will choose the latter.

Exhibit 3: Biggest Health Care Problem Facing Michigan

Making health insurance affordable	41%
The high cost of health care	25
Providing health care for the poor	14
Having quality care available	8
Providing care for the elderly	6
Combating drug and alcohol abuse	3
Combating AIDS	2
Reducing pollution	1
Other responses	1

Perhaps even more startling is respondents' assessment of the future of health care. When asked if several different health care concerns would get better, stay the same, or get worse in the next ten years, respondents were by far the most pessimistic about the affordability of health care. (See Exhibit 4.) More than three times as many people believe that health care will become less affordable as believe it will become more affordable. In contrast, approximately the same percentage of persons believe that the quality of health will improve as believe it will worsen.

Demographic variations are illuminating. Higher income households are much more pessimistic than lower income households: 81 percent of persons making \$46,000-\$60,000 annually think health care will be less affordable; only 9 percent think it will be more affordable and 8 percent think it will be the same as now. This is compared to our poorest residents, those making less than \$10,000 a year: 56 percent think care will be less affordable, 21 percent think it will be more affordable, and 22 percent think it will remain the same.

Exhibit 4: Will the Following Get Better, Stay about the Same, or Get Worse in the Next Ten Years?

	Better	Worse	Same
Affordability of health care	17%	59%	21%
Availability of health care	20	41	34
General quality of health care	30	32	36
Quality of nursing home care	28	30	36
Quality of hospital care	30	28	39

Continued on page 19

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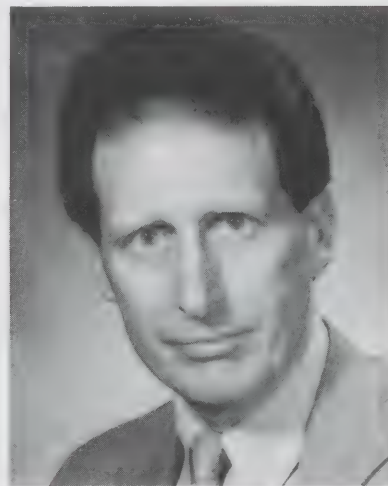
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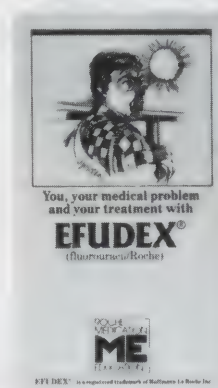
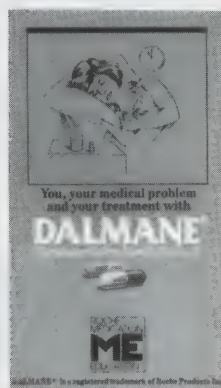
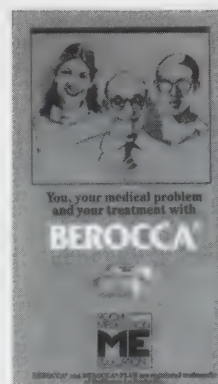
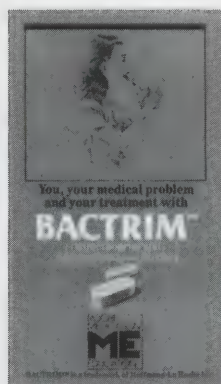


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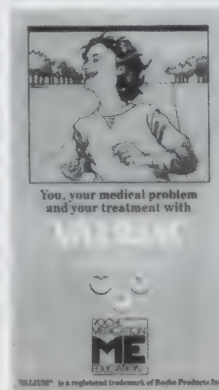
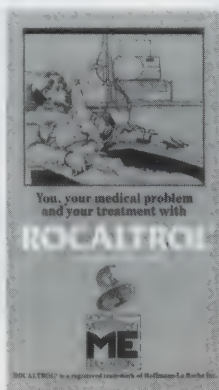
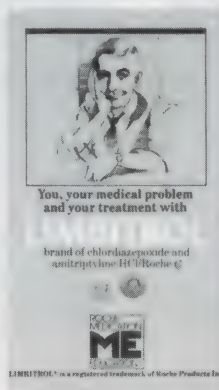
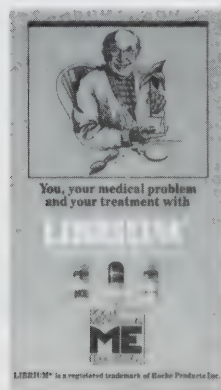


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Continued from page 16

Persons whose primary carrier is a private insurer are more worried than persons on Medicare and Medicaid, perhaps because the latter two groups believe it cannot get much worse than it is now.

Affording health insurance ranks with cancer as the greatest threat to respondents' own health: 31 percent said cancer and 25 percent said affording insurance; taking care of the health needs of elderly family members (11 percent) and AIDS (8 percent) were considered the next most threatening problems. Access to health care was named by only 6 percent of respondents, but for many access is related to the affordability of health insurance, and the two responses could be combined.

Access to Health Care: Who Should Pay?

The 10 percent of respondents who do not have health insurance were asked what they do when they need health care. Allowed to give more than one answer, 41 percent each went to a county/free clinic and the hospital emergency room. Another 30 percent went to their family doctor's office. A surprising 27 percent went without care, and 21 percent have not needed care. These results point to two especially nettlesome problems for uninsured persons in the health care system: (1) Many of the uninsured still seek care at the hospital emergency room, a very expensive location to treat medical problems, and (2) a large number of uninsured persons are foregoing care when they are sick, dramatically increasing the chance that they will need costlier medical care as their untreated conditions worsen.

Government

Respondents were asked who should be responsible for the medical care costs of the people in their community who could not afford to pay them themselves. Nearly two-thirds believe that the federal (39 percent) and the state government (23 percent) should assume the burden. (See Exhibit 5.) A combination of government, private charities, hospitals, and the individual was the preference of 16 percent. There was minimal support for individuals, hospitals, and private charities covering costs on their own.

Exhibit 5: Who Should Pay for the Health Insurance of Those Presently Not Insured?

It is a responsibility of the government to pay for basic medical care even if it means a tax increase	37%
Government should pay for it from the present budget, even if other services would have to be reduced	32
The idea should be dropped if taxes need to be increased or other services reduced	7
People should be responsible for the cost of their own health care	10
Don't know and refused/other	15

As one might expect, political differences emerge on this issue. Republicans are more likely to favor a combination of sources (22 percent) to cover those without insurance, and they are more than twice as likely as Democrats to believe it should be left to the individuals themselves (11 percent to 4 percent). Only 45 percent of Republicans believe the responsibility should fall to government, with only 14 percent believing the state should pay. In contrast, 71 percent of Democrats and 65 percent of independents think government should carry the freight.

Not surprisingly, taxes throw a wrench into the belief that government should assume responsibility for the uninsured. The belief remains relatively strong, but the prospect of taxes weakens many respondents' resolve. (See Exhibit 6.) Thirty-seven percent believe that government should pay for basic medical care even if it means a tax increase. Slightly fewer (32 percent) prefer that government pay for such care by reducing existing

Continued on following page

Continued from page 19

services. Another 10 percent believe that individuals should be responsible for their own health care, and only 7 percent said the idea of assuring basic medical care for all should be dropped if taxes need to be increased or other services reduced.

Exhibit 6: Who Should be Responsible for Medical Care Costs of Uninsured Persons?

Federal government	39%
State government	23
Combination	16
Don't know	8
Or should it be left to the individual	7
Private charities	3
Hospitals	3
Refused/other	1



Employers

Support for requiring employers to provide health insurance coverage for their employees by buying insurance directly or paying into a government insurance fund is similarly inconclusive. Sixty percent of respondents favor and 29 percent oppose employer mandates, but support dwindles when respondents are asked if they would still favor the requirement if their employer had to pay an 8-percent tax on wages: Two-thirds maintained support, meaning that 41 percent of all respondents, a plurality but not a majority, favor the mandates if new taxes are necessary.

Most respondents underestimate the amount that employers pay for employee health insurance. National surveys of health insurance benefits put the average premium per month per employee at \$250-\$280. While a large percentage (36 percent) admitted to not knowing, another 36 percent pegged the cost at \$200 or less. Only 15 percent said that it was between \$201 and \$300, the correct range. The final 13 percent overestimated the average premium cost. Given that more than two-thirds of respondents do not recognize how much employers pay in health insurance, it is probably safe to say that support for mandated employer-sponsored health insurance might diminish if employers' real burdens were known.

The Michigan Senate Republican Plan

As an alternative to mandated universal health coverage, the Michigan Senate Republicans have a proposal that would offer incentives to purchase insurance. Survey respondents had the Senate Republican affordable health care plan explained to them in some detail—the low cost of insurance (rate, however, were not specified), the list of benefits, and the tax credits for purchasing such coverage. Interviewers also told respondents that the plan would cost the state between \$80 million and \$90 million.

While there was support for the plan, it was less strong than expected. Fifty-three percent favored it, 31 percent opposed it, and another 15 percent didn't know or were undecided. Even more surprising, support for the plan was strongest among those constituencies not usually associated with Republicans. (See Exhibit 7.) Democrats liked the plan more than independents and Republicans. Blacks favored it slightly more than whites. Wayne County supported it most strongly among the regions of the state, with Oakland/Macomb counties close behind. More respondents in central Michigan opposed than supported the plan. In terms of household income, support was strongest among middle income respondents and weakest among those making \$60,000 or more. The plan also has strong support among young adults (ages 18-34), the age group most likely to be uninsured.

Respondents who favored the Senate Republican plan were asked how the state should pay for its part of the plan. Raising the cigarette tax (37 percent) was most popular, getting approximately twice the support of that for increasing the beer tax (19 percent) or the sales tax (18 percent). Raising the income tax was favored least, and only 1 percent of respondents believed that funds should be taken from other state programs to support the plan.

Exhibit 7: support for Michigan Senate Republican Low-Cost Insurance Plan

	Favor	Oppose
Democrats	59%	27%
Independents	55	31
Republicans	51	37
Wayne County	62	21
Macomb/Oakland Counties	60	32
Other/Southeast	46	41
Thumb	54	32
Central	37	41
Western	52	30
Northern	58	29
Black	57	21
White	54	32
Annual income < \$10K	51	26
Annual income \$11K - \$20K	47	31
Annual income \$21K - \$30K	61	30
Annual income \$31K - \$45K	62	25
Annual income \$46K - \$60K	59	35
Annual income > \$60K	51	42

In another question, however, an overwhelming majority (77 percent) opposed (18 percent supported) reducing the availability of health services as a way of controlling costs. It appears that most Michigan residents are much more willing to permit rationing for Medicaid recipients than they are for themselves.

Respondents found other measures for controlling health care costs much more palatable. (See Exhibit 8.) Many are willing to place some of the burden for high health care costs on individuals. Eighty-four percent favor giving people incentives such as lower insurance premiums if they do not smoke or drink. A smaller majority (55 percent) also believe that employers should monitor more strictly employee use of health benefits.

Exhibit 8: How Should Health Care Costs Be Controlled?

	Favor	Oppose
Give people incentives such as lower insurance premiums if they don't smoke or drink	84%	13%
More monitoring by employers of employee use of health care benefits	55	32
Control the use of health care technology	46	38
Have patients directly pay a greater share of their medical bills	24	66
Reduce the availability of health services	18	77
Increase government regulation of health insurance companies	53	33
Put limits on the payments made to people from medical liability lawsuits	76	14

Controlling Health Care Costs

The responses to separate questions on rationing suggest that Michigan residents, whether they recognize it or not, condone a two-tiered system of medical care. First, they were asked if they supported an Oregon-style rationing plan for nonelderly Medicaid recipients. A plurality (44 percent) thought it a good idea to control Medicaid expenditures, with 36 opposing it and 17 percent undecided. Support for Medicaid rationing is strongest among middle- and upper-income respondents.

Incentives and oversight only go so far, however. Only a slight plurality (46 percent support to 38 percent oppose) believe that we should control the use of health care technology; we remain torn between the incredible benefits of such technology and our recognition that its expense has helped make health care less affordable. A strong majority (66 percent) opposes having patients pay directly a greater share of their medical bills. Clearly, the public believes there are limits to the responsibility that individuals must bear for rising health care costs.

Continued on following page

Medical Liability Costs

Respondents' willingness to limit payments in medical liability lawsuits reflects the strong belief that the increasing costs of medical liability insurance is a major state problem. Eighty-three percent strongly agree (52 percent) or somewhat agree (31 percent) that it is a major problem. Eighty-four percent also strongly agree (55 percent) or somewhat agree (29 percent) that these rising costs contribute significantly to medical care costs. Slightly fewer (73 percent: 44 percent strongly agree and 29 percent somewhat agree) see attorneys and their fees as major reasons why medical liability costs are so high. Even fewer locate the problem with physicians and other health care professionals: 44 percent (19 percent strongly agree and 25 percent somewhat agree) believe that incompetent or poorly trained doctors and other health professionals are a major reason why such costs are so high. While this is still a minority, it is significant, perhaps a sign of growing public distrust of the medical profession.

Medical Treatment Decisions

While another question reaffirms our ambivalence about medical technology 17 percent of respondents agree or strongly agree that technology has gone too far in its ability to keep people alive, with 40 percent disagreeing or strongly disagreeing and 14 percent neutral—a clear majority supports a plan that would allow physicians to help patients end their lives under certain circumstances. Fifty-eight percent agree (31 percent disagree, with 10 percent undecided) that physicians should be able legally to help patients end their life if two physicians certify that the person has less than six months to live, is mentally competent, and makes the request in writing.

AIDS

While we have no earlier survey data with which to compare this poll's results, it is probably safe to say that awareness of AIDS is growing. Nearly 80 percent of respondents believe AIDS is a very serious problem in our society, with another 16 percent calling it "somewhat serious." Half as many persons are very (16 percent) or somewhat concerned (26 percent) that they will contract the AIDS virus. Unfortunately, this concern does not appear to be matched by changes in behavior that puts one at risk for AIDS: Only 17 percent of respondents say that they have done anything different to protect themselves from getting AIDS.

Conclusion

The survey reveals that health care has become a major political issue that affects all of us regardless of income. Today's worries are compounded by concern about the affordability of health care in the future. Still, worry has not spawned a clear consensus on a solution: We have found no course of action that we believe can solve our health care problems without creating more hardship. Either we wait for greater hardship or we look for new ideas that galvanize the public will to overhaul a faltering system. ■

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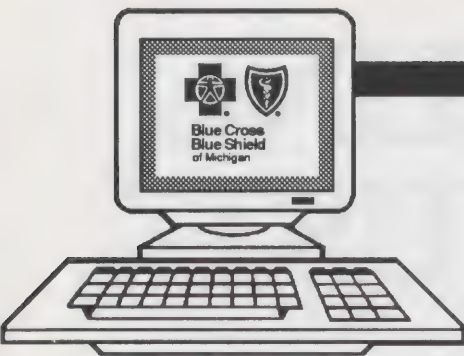
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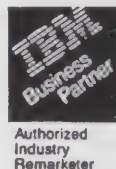
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MSMS Reimbursement Roundup



By Joyce Nurenberg

MSMS REIMBURSEMENT OMBUDSMAN

Reimbursement Roundup addresses third party payer reimbursement issues affecting physician practices. Comments and problems brought to the attention of the Reimbursement Ombudsman are routinely shared with the Liaison Committee with BCBSM and its Subcommittee on Medicare Carrier Problems.

RBRVS - The proper use of time

With the arrival of the new Resource-Based Relative Value System (RBRVS), came a different way to choose the level of care. It is the content of the service, rather than time spent, that determines the proper level of care. This system is not without exceptions and there are circumstances when time is the determining factor. However, the criteria is strict and must be understood. This will be addressed later in this roundup.

First, memorize that the level of service is based on satisfying the key components — history, examination and medical decision making. Depending on the section of coding, the requirement may be that you must satisfy only two of three key components or it may say three of three key components. The documentation of these key components is what is critical, as is what will be audited.

Documenting time while not recording proper documentation of the key components will cause you grief during an audit. This is not new from last year although beginning this year the guidelines for using time are clearer.

Second, the contributory factor referred to as nature of presenting

problem is a guide to assist you only in borderline cases. The other contributing factors are counseling and coordination of care. These factors can be evident in every visit or none and are considered part of the pre- and post-work of the visit. Only when counseling or coordination of care dominate more than 50 percent of physician face-to-face time with the patient and/or family can you use time as the determining factor. It is then not necessary to satisfy the key components that would otherwise be required. Coordination of care is defined as the physician's time only to coordinate the patient's care with other providers or agencies.

The times that are recorded in the CPT-4 and the "cheat sheets" that many physicians are using represent average face-to-face time with the patient for that particular level of service.

The November 25, 1991, Federal Register makes reference to the face-to-face time vs. total time, stating it is believed that physicians can estimate face-to-face time more reliably. Also, although it is recognized that the typical times listed in the code sections do not include pre- and post- time, the work performed before and after the face-to-face encounter has been included in calculating the total work of typical services performed for each code.

In situations when the greater than 50 percent condition is satisfied and time is the factor used to choose the level of service, you must document the time (generally in minutes, clock time is never re-

quired) and document the extent of the counseling.

Scenario 1: Patient came in to discuss results of diagnostic tests that were taken. No history was taken and no exam was performed. The counseling lasted 30 minutes.

Your documentation should relay something similar to: "spent 30 minutes counseling patient on results of tests (which would be documented from last visit) and the risks and benefit of surgery." You would choose the code in the proper section of the CPT book that allows you 30 minutes. If a history and/or exam was also performed and documented by the physician then you would add this time to the 30 minutes and bill the code that allows the correct amount of physician time with patient and/or family.

Keep in mind, that services rendered to the family on behalf of the patient are billable only if the services are for direct benefit of the patient, i.e., discussion of rehab program, diet, medication guidelines, etc. Also, to code for time, it must have dominated more than 50 percent of the visit.

Say, for instance, time is a factor but you also satisfied one or more — but not all — of the key components of a greater level of service. Can you upcode to that next level of care? No. You either use time when it applies, or, more commonly, you must satisfy all the required level of key components in choosing the numerical code.

The issue of telephone calls has come up since often they can occupy a considerable amount of the

Continued on following page

REIMBURSEMENT ROUNDUP

Continued from page 25

physician's time. If the telephone call is a result of a prior visit, the reimbursement is contained within the reimbursement of the visit as part of the post work performed. If the call results in a visit, the reimbursement is again part of the visit as part of the pre-work performed. Finally, if the telephone call is not part of any visit, it is not a benefit of the Medicare program, as time is defined as face-to-face physician time spent with the patient and/or family. A phone call does not satisfy this requirement. It is, however, billable to the patient, as is any non-covered benefit of Medicare if you get a signed waiver prior to each incident identifying the non covered service.

Another common inquiry is whether a physician assistant's or nurse's time spent with the patient

can be used to assist in determining the level of evaluation and management code. Hopefully you can answer this now more easily. The answer is NO. You cannot consider the time of other staff. The rule is that you must look at the content of the services rendered. You can, however, use a questionnaire filled out by the patient and/or staff to use as supporting documentation as to the *Level of History* performed.

Here are a few more tips regarding time and coding:

1.) You cannot upcode to recoup the lost revenue from EKG interpretations, nor can you upcode for any services because it took much of your time. Remember, the system is based on content, and you must deal with the key components separately. You must show documentation for each of the key components and bill the code that is supported.

2.) Don't undercode. Search out what you need to know about the system to help you understand. Remember, from now until June, there is an educational audit whereby 25 claims are randomly selected each week and documentation is being solicited. A follow-up letter will be sent providing you feedback as to whether or not your documentation did support the code billed.

More Q&A

Q. If a patient is in an observation area of a hospital, what code do I bill to Medicare?

A. A patient in observation is commonly referred to as a 23-hour hold, most often resulting from a service initiated in the emergency room. Medicare does not acknowledge a 23 hour code as does BCBS. If the patient is not admitted, the proper emergency service code should be billed. If the patient is admitted, the initial hospital care codes should be billed.

Q. In the December 20 PPR news that

was sent to all physicians, the section on multiple surgeries reported that I must reduce my billed charges upon submission of my claim. What about other insurers?

A. The instructions are true for non-participating physicians as you cannot bill the patient or Medicare more than the limiting charge. With multiple surgeries your limiting charge decreases by 50 percent for the second procedure and 25 percent for the third and so on. Other insurers that pay *complementary* should not be a problem. It is desired that participating physicians follow the same procedure but Medicare cannot require it. It was also noted in the PPR news that dermatologists and endoscopic procedures are to follow the same percentage reductions related to their payment policies.

Q. Can limiting charges be rounded?

A. Yes, limiting charges can be rounded as long as you are consistent. Round down for amount .49 and lower and round up for amounts .51 and greater. .50 should remain exact.

Q. If I act as a stand-by during surgery but do not touch the patient, am I still eligible for 16 percent of fee schedule as an assistant at surgery?

A. No. An assistant-at-surgery is a physician who actively assists the physician in charge of a case in performing a surgical procedure.

Q. How frequently can you bill for nursing home visits for the same diagnosis?

A. Medicare will pay for all medically necessary services at the nursing home. The frequency guideline is once a month. Frequency greater than this should be clearly documented. ■

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BCBSM service to physicians improving, MSMS survey reveals

MSMS Committee still seeking more improvements

By Gary D. Maynard, MD, Chairman
MSMS Liaison Committee with BCBSM



Gary D. Maynard, MD

In 1990, physicians from Western Michigan developed a list of 44 problems contributing to low physician participation with Blue Cross Blue Shield of Michigan (BCBSM) in that area of the state. These issues have been the focus of efforts between MSMS and BCBSM to improve service to physicians, and

have been the subject of legislative activity. Many of the complaints dealt with the inability to reach the BCBSM Provider Inquiry Department and receive quality service. The MSMS Liaison Committee with BCBSM has made it a priority to seek improvements in service and has conducted two surveys during the past 12 months to assess the effectiveness of BCBSM staff and service improvements.

The first survey, conducted in February and March of 1991, showed significant dissatisfaction with BCBSM Provider Inquiry Department service. The average time on hold for our members contacting BCBSM was 10 minutes; 90 percent of those surveyed reported they had to make at least one repeat call to get past a busy signal; only four percent indicated they worked with the same service representative each time they called. A second survey, conducted in December, 1991, and January, 1992, questioned our members about the same elements of service and also asked them to rate the overall quality of the service now as compared to six months previous.

Throughout the state, members noted improvements in both the speed and quality of service. Improvements were particularly marked in the 616 area code, where BCBSM began implementation of MSMS sug-

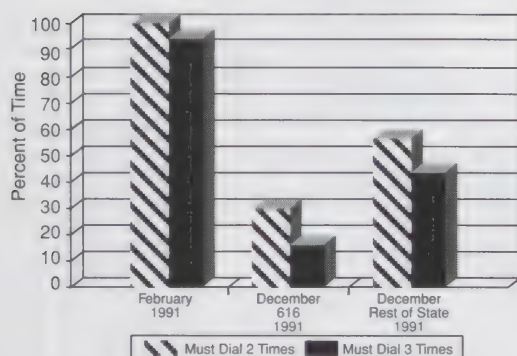
"Seeking improvements to the BCBSM Provider Inquiry Department is just one area where MSMS is working to improve BCBSM service to physicians. I am happy to report our efforts have generated needed action on the part of BCBSM."

gestions that provider inquiry service be regionalized. The tables on page 29 show the progress noted by our members in BCBSM Provider Inquiry Service. The accompanying article from BCBSM on page 31 provides detail on the changes made in this important area during the past year and describes plans for future efforts.

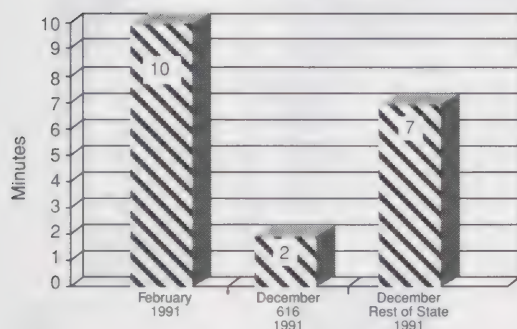
Seeking improvements to the BCBSM Provider Inquiry Department is just one area where MSMS is working to improve BCBSM service to physicians. I am happy to report our efforts have generated needed action on the part of BCBSM. The MSMS Liaison Committee with BCBSM and the MSMS representatives to the BCBSM Physician Contract Advisory Committee will continue to work toward improvements in other areas.

Survey shows BCBSM Provider Inquiry Service much better

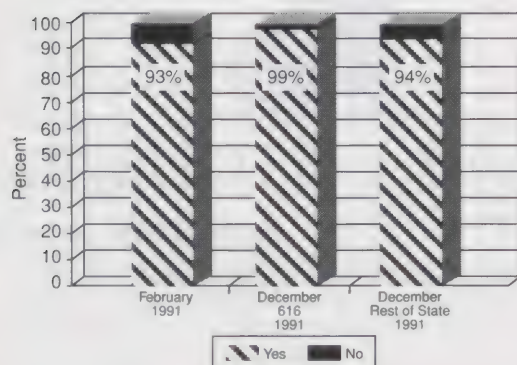
GETTING PAST THE BUSY SIGNAL



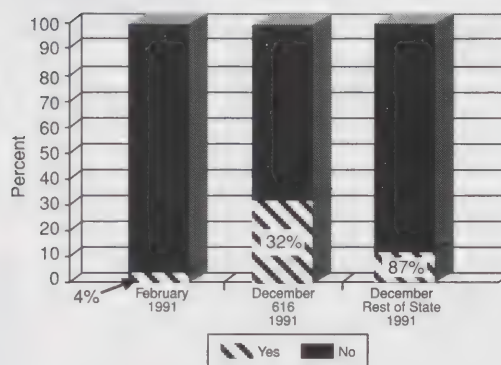
AVERAGE TIME ON HOLD



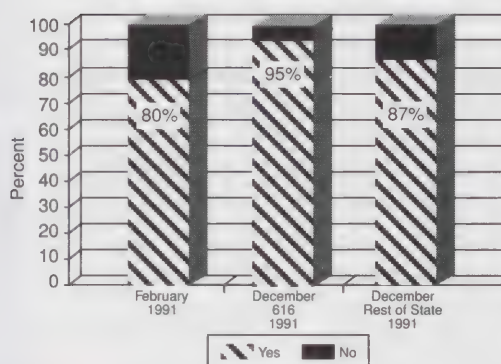
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A Report from the Blues

By Vicky Beck
and Robert Ling

Telephone busy signals are a thing of the past.

Letters recently mailed by BCBSM to physician offices in area codes 616, 517 and 906 go on to explain recent steps taken in the Provider Inquiry Department to reduce the busy signal rate. Actually, the process to improve the service level began over two years ago. Surveys conducted by the BCBSM Customer Satisfaction Department and MSMS indicated several common complaints:

1. High level of busy signals.
2. Inconsistent answers.
3. Rudeness of representatives.

Each of these complaints needed immediate attention but before changes could be made, a review of the current process was needed.

Those problems identified included department goals, staffing levels, need for technology enhancements, training and documentation programs, and basic customer service techniques. Each issue presented its own set of problems which would take a period of time to correct.

Department Goals

They constitute perhaps the most important decision to be made in the process of revamping a department's mission. Simply put, our mission is a pledge to our customers "to provide the best level of service possible."

Staffing Levels

With incoming calls exceeding the telephone staff's ability to handle them, it was clear additional telephone representatives were needed. During 1990 and early 1991, additional representatives were hired, trained and added to the telephone lines. With an increased staff, the telephone blockage was reduced from a high of 90 percent of incoming calls to the current rate of 10-15 percent — a major improvement, but still not to a level we are satisfied with. Our goal remains to come as close to eliminating busy signals as possible.

Technology Enhancements

During 1991, 250 provider sites were installed with the DENIS System (Dial-in Eligibility Network and Information System). This project has gone from pilot to production and allows a provider to access the BCBSM

computer mainframe from his/her office PC via a telephone modem. The DENIS system allows the provider to access eligibility files, benefit information and, in the near future, claims history data. This past January the CAREN system (Computer Assisted Response Environment Network) was enhanced to include benefit information in addition to eligibility data via a touch tone telephone.

Use of these two systems should alleviate the need for providers to call Provider Inquiry for most benefit and eligibility information. This allows our representatives time to handle more difficult questions.

Training and Documentation

All of our training programs and procedure manuals were reviewed, updated or rewritten to provide the representatives with concise training programs and reference manuals which are easy to access when responding to your inquiries.

Customer Service Techniques

Our representatives have attended classes on telephone servicing, stress control and other sessions which better prepare them to handle your inquiries.

Continuous improvement is our goal. During the past several months, the Provider Inquiry Department has been divided into teams. The first team began last June in Detroit for the providers in the 616 area code. Team Blue 616 was so well received that Team Blue 517 and 906 were implemented in October 1991 and Team Blue 616 was moved to Grand Rapids in January 1992. Team Blue 616 joins dedicated customer service, field service and marketing staff in Grand Rapids and complements the Grand Rapids offices goal of providing local service to the customers and providers of West Michigan. During March, Team Blue 313 will be added to provide dedicated service to the providers in Southeast Michigan.

While our process for improving service continues, your support is needed. Your comments and suggestions are always welcomes. ■

Vicki Beck is director of provider inquiry & training for BCBSM. Robert Ling is director of West Michigan Provider/Customer Service.

Michigan Medical Liability Reform Coalition

Participating Organizations

Allied Signal Automotive
 American Academy of Plastic Surgeons
 American Society of Employers
 Association of HMOs in MI
 Benzie County Health Department
 Greater Detroit Chamber of Commerce
 Independent Insurance Agents
 Kellogg Industries Division of DePuy
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The Fight is On For Medical Liability Reform



To spur legislative passage of the medical liability reform package, the Michigan Medical Liability Reform Coalition commissioned billboards on five highways leading to Lansing. The Coalition also developed a postcard of the billboards which physicians can send to their representatives.

Physicians — tell the Legislature that medical liability reform is needed now! You can do this by sending postcards to your representatives and to House Speaker Lewis Dodak. The postcards, created by the broad-based Michigan Medical Liability Reform Coalition, depict billboards targeted at legislators on five major highways leading to Lansing. Both the billboards and postcards urge legislators to pass the reform bills, currently in the House.

Between now and the Legislature's Easter break, starting April 9, is "prime time" for physician action. Urge colleagues, family, friends and community members to send them, too. Also, the billboard postcards complement a Coalition patient action brochure titled "It's Enough to Make You Sick." Physicians can use this as a tool to encourage patients to contact their representatives, as well. The brochure outlines the liability crisis and con-

tains postcards requesting support of the medical liability reform package. Patients can send them to their representatives and to House Speaker Dodak. The first 100 patient brochures and billboard postcards are free to each physician. Additional brochures and postcards are available at 25 cents. (See order form on next page.)

"IT'S ENOUGH TO MAKE YOU SICK" SO "NOW PASS THE BILL"

New Patient Action Brochure and Billboard Postcard Available
From the Michigan Medical Liability Reform Coalition



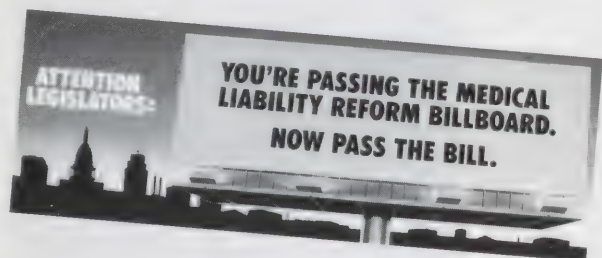
Tell your state representatives that medical liability reform is needed now. Send them a postcard of the billboard on highways leading to Lansing. Your handwritten message may simply say, "pass the bills."

Share postcards with colleagues, family, friends and community members. Urge them to send the postcards to their state representatives.

Enlist the help of your patients in the medical liability fight, too. Ask patients to sign the postcards attached to our new liability brochure, "It's Enough to Make You Sick," and mail them to their state representatives. The brochure outlines the devastating impact of Michigan's continuing medical liability crisis.

Support from physicians and the public for the medical liability bills is critical to passage by the Michigan House of Representatives. Both the billboard and brochure postcards will help keep the message in front of every state representative.

The first 100 billboard postcards and the first 100 brochures are free. Additional billboard postcards or brochures are available at 25 cents each with a minimum order of 50.



To order your brochures, return this form to:

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Accent and the International Medical Graduate. Education, not legislation, is the answer

By Busharat Ahmad, MD

During the last session of the Michigan Legislature an amendment was suddenly attached to Senate Bill 420. This amendment stipulates that if an international medical graduate applies for a license to practice medicine in Michigan, he or she will be required to pass a spoken English test. This test would apply to a new applicant for licensure, and even an IMG who applies for his/her license by endorsement from another state where he/she may have practiced for years. Senator Don Koivisto (D-Ironwood) attached this amendment to SB 420 because one of his relatives who was going in for middle ear surgery could not understand the accent of the IMG anesthesiologist who was taking care of him.

Accents not foreign to US

Accent discrimination in this country is not new. Jews in the early part of this century were discriminated against because of their accent, so were the Italians and Irish. Ours is a nation of immigrants and our strength lies in our diverse backgrounds. We all speak with different accents. Just because we have to pay a little more attention to understand our colleagues' English accent does not give us the right to discriminate against that person.

SB-420 passed in the Michigan Senate by one vote. It will be discussed in the house this year and if it passes will become law. When applied, the IMG will appear before two examiners who will speak with the applicant and if they feel the applicant's accent is not understandable to them the IMG will not get a license regardless of how he or she qualified and has passed all other tests and examinations. One of our neighboring states had such a law on the books until its examiners

"To require one group to pit their proficiency in the English language against others is downright unAmerican."



Busharat Ahmad, MD

one day failed a physician from England because the examiners did not understand his accent. The legislators realized the difficulty of implementing this subjective test and in their wisdom rescinded it.

The first test upon entry of an IMG into the US medical education system is verification of his/her credentials, background, education, medical school, etc., and passage of basic science and clinical science tests (equivalent to NBME exam). This is called ECFMG. Upon passage of this exam the IMG is allowed to enter a US residency program. Passing of written and spoken English is essential to get an ECFMG certificate. Candidates for licensure should be judged on their merits, i.e. education, training, and not on what kind of accent they have.

If we have trouble understanding English, then why single out IMGs? Why not make it mandatory for all applicants — US and international medical graduates?

New hope for IMGs

The recent success of two Asian American employees with their claims of national origin discrimination gives new hope to US immigrants who continue to speak English with distinct foreign accents. In one case, a state court upheld the award of almost \$390,000 in damages to a Cambodian American employee who was fired by an American bank in Washington state. The Court of Appeals in the State of Washington ruled last month that Mr. Xeing, a Cambodia-born American had been discriminated against by officials at the Peoples National Bank who denied him several promotions because he spoke English with a foreign accent.

In another case the US Equal Employment Opportunity Commission found that a Japanese owned and managed company in Laguna Niguel, California, had unlawfully fired an Indian-American employee. The EEOC filed a civil suit alleging that the nationwide audio-visual equipment sales group had fired employee Ray Patel because of his Indian accent. Patel was fired as a credit manager in spite of his successful job performance at the company because some of the company executives were concerned that his Indian accent was "not good for the company image" with clients.

I admit that some accents might be very thick and heavy. Instead of legislating tests and barring IMGs from practicing medicine in our state, let us identify those individuals and help them with accent reduction and education through educational courses and seminars. Legislation is not the answer; education and understanding is.

We are a mosaic of complementing ideas. Discrimination on the basis of one's accent negates the principles on which this country was based. ■

Doctor Ahmad, a Marquette ophthalmologist, is chairman of the AMA IMG Advisory Committee and past-chairman of the MSMS IMG Section.

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Indications and Usage: 1. *Active duodenal ulcer*—for up to 8 weeks of treatment at a dosage of 300 mg h.s. or 150 mg b.i.d. Most patients heal within 4 weeks.

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3. *Gastroesophageal reflux disease (GERD)*—for up to 12 weeks of treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn at a dosage of 150 mg b.i.d.

Contraindication: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix[®] may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinomas and hepatic nodular hyperplasia, with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Worldwide, controlled clinical trials included over 6,000 patients given nizatidine in studies of varying durations. Placebo-controlled trials in the United States and Canada included over 2,600 patients given nizatidine and over 1,700 given placebo. Among the adverse events in these placebo-controlled trials, only anemia (0.2% vs 0.4%) and urticaria (0.5% vs 0.1%) were significantly more common in the nizatidine group. Of the adverse events that occurred at a frequency of 1% or more, there was no statistically significant difference between Axid and placebo in the incidence of any of these events (see package insert for complete information).

A variety of less common events were also reported; it was not possible to determine whether these were caused by nizatidine.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of anti-androgenic activity due to nizatidine. Impotence and decreased libido were reported with similar frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematology—Anemia was reported significantly more frequently in nizatidine than in placebo-treated patients. Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Urticaria was reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. The ability of hemodialysis to remove nizatidine from the body has not been conclusively demonstrated; however, due to its large volume of distribution, nizatidine is not expected to be efficiently removed from the body by this method.

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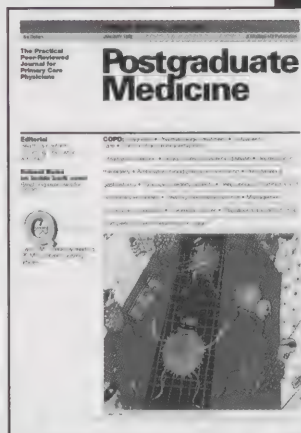
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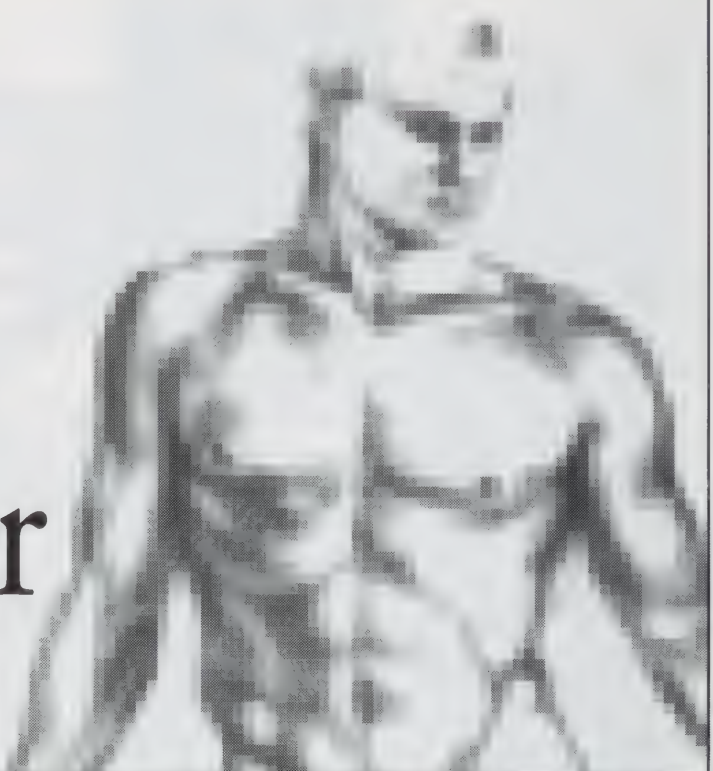
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Medicine in the UP

PART II

The following three articles constitute part two of *Michigan Medicine's* special report on Medicine in the UP. Part one appeared in the February 1992 issue of *Michigan Medicine*.



UP keeps up with state's liability problem

By Thomas R. Berglund, MD

Once viewed as a safe harbor, the upper peninsula now seems engulfed by Michigan's medical liability problems and dilemmas. Best evidence of that is the average payouts on closed claims. Here's a comparative rundown on the numbers, not counting 1991 cases:

Community	Average Paid To Claimant	Average Legal Cost
Metro Detroit	\$26,352	\$7,837
Lower peninsula	\$27,616	\$7,718
Upper peninsula	\$30,986	\$7,701
Statewide	\$26,481	\$7,833

In considering the payouts, keep in mind that the averages include cases in which no payouts were made.

About 60 percent of all cases are resolved without direct payment to claimants. Those zero-payment cases help keep the overall average under restraint.

The UP has the highest average direct payout to claimants. Fewer cases arising there mitigates the trend; the financial impact of claims is a combination of two key factors:

- 1.) Cost, or severity. The dollars needed to pay claims.
- 2.) The number of cases, or frequency. The volume of claims arising.

Here's how the number of cases are distributed — again, not counting 1991 activity:

Community	Closed Cases	Pending Cases
Metro Detroit	6,013	321
Lower peninsula	4,225	366
Upper peninsula	295	19
Statewide	10,533	706

The cost issue is magnified if you consider only those cases that result in payouts, ignoring those claims which didn't produce an award or settlement for the claimant.

Continued on following page

Here's the average cost of claims involving liability, or that resulted in payouts to claimants:

<u>Community</u>	<u>Average Paid To Claimant</u>	<u>Average Legal Cost</u>
Metro Detroit	\$62,669.15	\$11,411.48
Lower peninsula	\$70,111.78	\$11,631.72
Upper peninsula	\$79,651.78	\$12,135.25

Regardless of how you evaluate the data, it's clear that the upper peninsula has no immunity to Michigan's liability problems.

The UP has a total of 15 counties and four of those — Delta, Chippewa, Dickinson and Marquette — have average payouts to claimants that exceed Wayne County's average payout and the statewide coverage:

	<u>Average Paid To Claimants</u>	<u>Average Legal Costs</u>
Wayne	\$27,650.32	\$7,823.39
Delta	\$37,059.23	\$9,664.88
Chippewa	\$34,880.91	\$5,673.22
Dickinson	\$31,777.00	\$10,304.49
Marquette	\$28,882.46	\$6,721.21
Statewide	\$26,481.31	\$7,833.41

In reviewing average payouts to claimants and average legal expenses, there are some important factors to keep in perspective:

- The total number of cases affect the average.
- The circumstances of cases affect legal costs.

One or a few high-dollar cases have dramatic impact on the average payout when the total volume of cases is small. That's more likely to occur in sparsely populated counties which don't generate high-volume claims.

Legal activity and legal defense costs can vary significantly, based on the type of case and circumstances surrounding the case.

It's not unusual to resolve a case by paying a relatively small amount to the claimant, while incurring significant legal costs.

The opposite also occurs. A big payout to a claimant might have a relatively minimal legal cost.

Overall, however, the new reality in Michigan is that medical liability problems prevail statewide. And the upper peninsula isn't immune.

The best medicine?

Continued emphasis on good patient relations; attention to detail; appropriate follow-up, consultation and referrals; cautious but timely diagnosis and treatment; remaining within your scope of expertise; and complete and well-documented medical records. ■

Doctor Berglund is president and chairman of the Board of MPMLC. He is also a member of the MSMS Board of Directors.

Rural health problems plague western UP

By David H. Gilbert, MD

Following is an open letter from Doctor Gilbert to The National Advisory Committee on Rural Health at its June 10, 1991, meeting in Kalamazoo.



David H. Gilbert, MD

As State Medical Society director of the western half of the Upper Peninsula, I must report that I am coming upon some disturbing developments up here. A significant number of physicians are becoming disillusioned with the practice of medicine, considering early retirement or leaving the State, dropping their hospital privileges altogether or

clean getting out of primary care medicine. I find the anger and frustration to be considerable.

I want to tell you about Doctor Joe Baron who has practiced dedicated and competent medicine in our community for more than 20 years. Doctor Baron came to our community at a time when few would venture to do so and by virtue of his good works ultimately ended up taking care of approximately 9,000 patients single-handedly after his partner had an early death from cancer. In other words, we have a very good doctor who has given many years of good service and had been anticipating many more years. Unfortunately, a number of outside factors have made practicing medicine in this Upper Peninsula community less attractive — not the least of which is directly related to government health policies.

It has not escaped the attention of any of our physicians that since the onset of no-fault automobile insurance in Michigan we have had two major malpractice crises, and nothing effective has been done to finally address this problem. As a result, our insurance costs per hospital bed are nearly the highest in the nation — a very burdensome problem for financially pinched rural hospitals. By and large our physicians have inadequate insurance coverage for high dollar premiums, forcing many doctors to stop high-risk medical practices such as obstetrics. This has left many communi-

ties in our region without adequate obstetric coverage. Our doctors are dismayed by the flight of residents away from establishing practices in Michigan — especially in primary care and particularly in rural areas. We freely admit that there has been a marked increase in costs to patients, insurance companies and government because of the practice of defensive medicine to defend ourselves against unsatisfied patients and the trial bar.

Unfair anxiety for physicians

This situation is further aggravated by the fact that the trial bar is forever horsing around out there on the periphery of the law getting bad results converted into malpractice by a series of legal precedents, thereby expanding malpractice beyond the bounds of medical reason. All this has done is increase costs and create unfair anxiety for physicians.

It is ironic that the very government which has for years begged and hounded doctors to go forth and practice in rural America to solve the great rural health need is the very same government who by policy now pays these physicians much less than their urban counterparts. This disparity continues despite protests, despite evidence that rural doctors' costs are frequently comparable, and despite the acknowledged nationwide crisis looming in inability to replace retiring rural doctors.

The young doctors in training are getting smart. They recognize that rural communities with higher numbers of Medicare-Medicaid patients are an economic mine field — particularly if the doctors are already indebted when they are beginning practice. They just don't want to take a chance on rural practice. A legislature which annually threatens our physicians with mandatory medicare assignment is not reassuring to our rural physicians either.

Government policy has created this problem and only government policy can change it. Do they want rural doctors and rural health or don't they? We think it is high time they made up their minds.

Peer review too intrusive

At any rate, after the *joy* is gone and the ability to make a living is diminished, the doctor who stays on in a rural area can still know in his heart that he is striving to care for his patients and doing his best when no one else is turning out to help. But, alas, the government has found a "cure" for the doctor's self-esteem as well. It is called MPRO — Michigan Peer Review Organization.

Under the MPRO system a physician literally loses his civil rights. Can you imagine that? He may be accused of wrongdoing and is never given the chance to know either his accuser and, worse yet, the standards against which he is being judged. Furthermore, his medicine is being judged — in retrospect mind you —

by nurses and anonymous physicians who were not present at the time and did not examine the patient. Furthermore, it would appear that the criteria used to make those judgments may indeed be invalid and arbitrary.

A citation from MPRO requires a written reply within so many days or payment is denied or sanctions applied. This is intrusive on a physician's time, frequently outright wrong, and has severely alienated many competent doctors in our region.

Why, you may ask me, are doctors so disturbed up here? Downstate a physician may have 10-15 percent Medicare-Medicaid patients and his exposure to this intrusive and odious scrutiny is fairly peripheral in his day-to-day experience.

However, in our service area 82 percent of our patients fall into this group and the physicians are constantly called upon to jump through MPRO's hoop. For a physician like Doctor Baron who takes loving and dedicated care of a large number of elderly patients, this is a most insulting and vexing problem and, in fact, has been the straw that has finally broken his back.

Frustrations Unending

So, first, the joy, next the ability to make a living, and finally, the professional pride of caring for people is being stripped away by government inaction or bad government policy. If Medicare patients are being made pariahs by government inaction — who will want to care for them out here if this continues?

Intensive efforts have been made to recruit a replacement for Doctor Baron, to no avail, for all of the above reasons.

Despite all of his frustrations, to the end Doctor Baron still does obstetrics. This loss will leave only one doctor to do OB with nobody for cross coverage, and nobody can endure that practice very long. Doctor Baron has about 3,000-4,000 patients currently. The other doctors in our community are all swamped with patients. We think it is a travesty that bad policy unwisely applied is leading to this crisis in our community.

If these 3,000-4,000 patients lose their doctor, what will that do for the quality of care or access to care in our community? No bureaucrat has stepped forward to answer that question! We wonder if they even care!

To briefly summarize, the joy, the financial rewards, the pride and self-esteem found in rural medical practice is being systematically dismantled. We protest.

Doctor Gilbert is a member of the MSMS Board of Directors and serves as District Director for the western UP.

A SALUTE TO the Upper Peninsula auxiliarians

By Jean Howard

The Upper Peninsula has a feeling of isolation from the mainstream of activity in the Lansing and downstate area. This is not due to a lack of interest but time and distance are the key factors. It is easy to get involved when you only have to drive an hour or two to attend a meeting. The difficulty increases when the drive is four to eight hours or longer and includes an overnight stay. Because the Upper Peninsula Auxiliarians do not participate as fully in MSMS-A as auxiliarians from other parts of the state, the perception has been that the Upper Peninsula spouses are indifferent to the problems and concerns facing medicine today. Nothing is farther from the truth as I found out recently when I attended a lunch meeting in Escanaba with several Delta County Auxiliarians.

Delta County is the only formally organized group of Auxiliarians in the Upper Peninsula and is unique in that it has 100 percent participation in MSMS-A. Many other

UP Auxiliarians who reside in unorganized counties have chosen to join MSMS-A as MAL's (Members at Large). The Delta County Auxiliarians feel that one of their biggest functions is being a support group for each other and their spouses. They see the need for both physicians and spouses to be more involved in the legislative process.

The Delta County Medical Society Auxiliarians are busy volunteers in their county. Like many rural area organizations, they must work with various community groups as they utilize their limited number of resources in a large geographical area. The Delta County Alliance Against Violence and Abuse was the focus for fundraising efforts of the Delta County Auxiliarians in 1991. Interestingly enough, this ties in with the AMA-A focus on violence and the MSMS-A focus on community health projects. A project underway for 1992 is the distribution of the AMA-A healthy lifestyles coloring book to Physician's offices and Elementary Schools in Delta County.

So you can see that even though many miles and the Mackinaw Bridge separate us from the Upper Peninsula, auxiliarians concerns, challenges, projects, and problems are very similar throughout the state. Hats off to all the Upper Peninsula Auxiliarians for their work and support for organized medicine in Michigan. ■

Jean Howard is the Upper Peninsula liaison for the MSMS Auxiliary.

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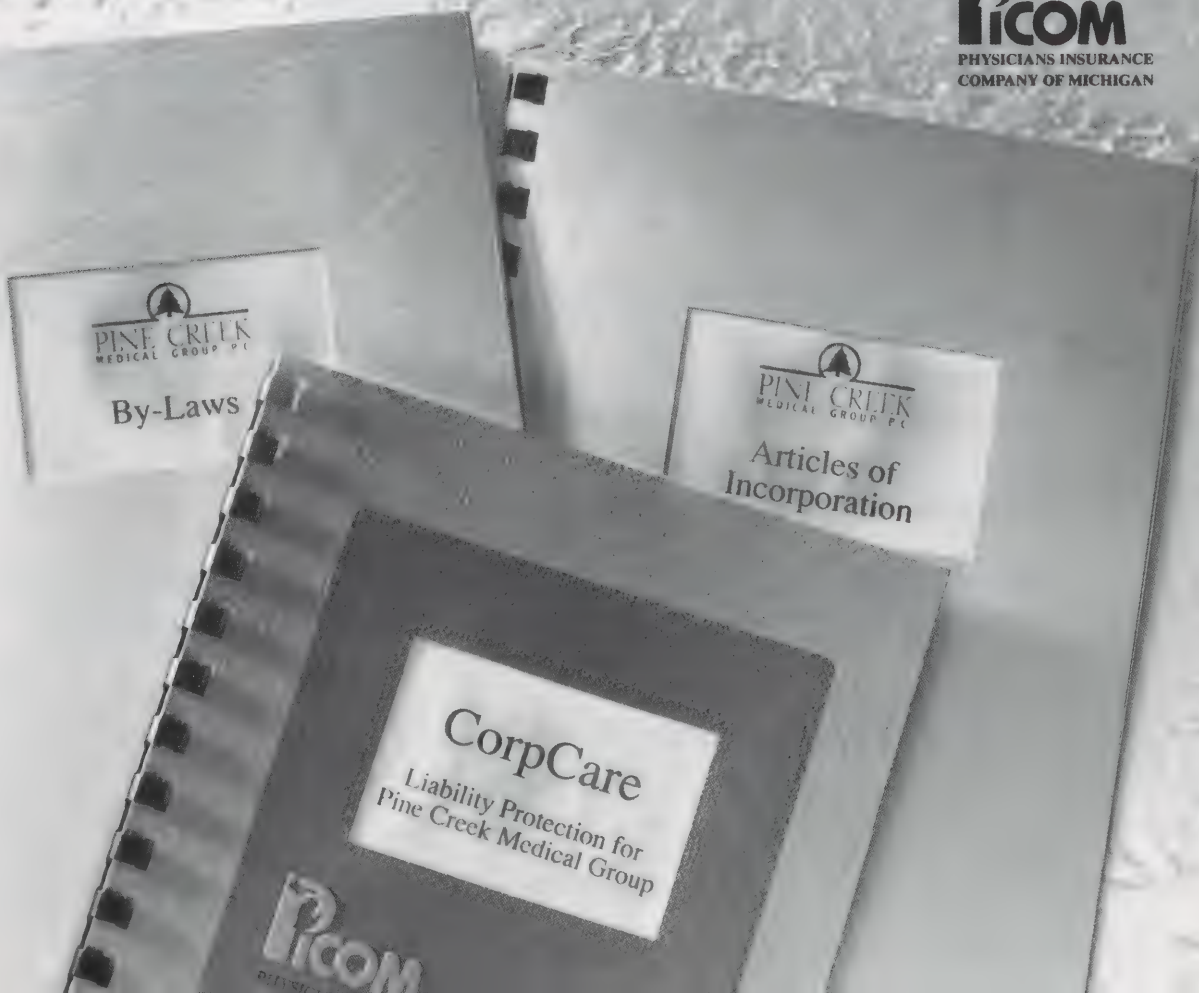
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31st Annual MSMS Conference on Maternal & Perinatal Health slated for March 25-26

The 31st Annual MSMS Conference on Maternal & Perinatal Health will be held March 25-26, 1992, at the Amway Grand Plaza, Grand Rapids.

The theme of this year's conference is "In Pursuit of Excellence: Clinical Challenges and Choices."

Those attending the conference will have the opportunity to hear up to six discussions on various aspects of obstetrics or pediatrics.

A general session will kick off the conference Wednesday morning and close out the conference Thursday afternoon. Featured at the Wednesday morning general session will be Irwin Merkat, MD, professor and chairman, Department

of Obstetrics and Gynecology, Albert Einstein College of Medicine, Bronx, NY, who will discuss "Content of Care and Strategies for the Future." Also speaking will be Representative David Hollister who will discuss "Breaking the Barriers." Rounding out the general session will be a presentation by Richard Oszustowicz, PhD, associate professor, Programs in Hospital and Health Care Administration, University of Minnesota, Minneapolis, who will discuss "The Buck Stops Here."

The Thursday afternoon general session will address ethical and legal issues. Scheduled to speak are: Reverend Professor John M.

Beazley, MD, former dean and chairman, Department of Obstetrics and Gynecology, University of Liverpool, England, who will discuss "Ethics in the Care of Women" and "Ethics of Labor Management of the Very Low Birth Weight Fetus." Also speaking will be Ed Goldman, JD, Medical Center attorney for the University of Michigan Medical School, who will discuss "Ethical and Legal Issues in Perinatal Care."

Four luncheon meetings will be held on Thursday.

In addition, posters and exhibits will also be displayed at the conference. To register, see form on next page. ■

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31st Annual MSMS Conference on Maternal and Perinatal Health

March 25 & 26, 1992, Amway Grand Plaza, Grand Rapids

"In Pursuit of Excellence: Clinical Challenges and Choices"

Wednesday Morning, March 25 - General Session

7:30	Registration, Continental Breakfast	10:00	Break
8:15	Welcome	10:30	"The Buck Stops Here"
8:30	"Content of Care and Strategies for the Future"	11:15	Panel - All Speakers
9:15	"Breaking the Barriers"	Noon	Adjourn to Luncheon, Posters and Exhibits

Wednesday Afternoon, March 25 - Concurrent Sessions in (A) Obstetrics and (B) Pediatrics

(A) Obstetrics

1:30	"Pre-term Birth"
2:15	"Regional Anesthesia in Obstetrics"
3:00	Break
3:30	"Setting Priorities in Obstetric Emergencies"
4:15	Question and Answer (all speakers)
4:45	Adjourn to Posters and Exhibits

(B) Pediatrics

1:30	"Cocaine's Children"
2:15	"The Resurgence of Congenital Syphilis"
3:00	Break
3:30	"Home Visitation for Pregnant Women and Parents of Young Children"
4:15	Question and Answer (all speakers)
4:45	Adjourn to Posters and Exhibits

Thursday Morning, March 26 - Concurrent Sessions in (A) Obstetrics and (B) Pediatrics

(A) Obstetrics

7:30	Registration, Continental Breakfast
8:30	"The Triple Test"
9:15	"Postpartum Depression"
10:00	Break
10:30	"Perinatal Hepatitis: A National Challenge"
11:15	Question and Answer (all speakers)
11:30	Adjourn to Luncheon Meetings

(B) Pediatrics

7:30	Registration, Continental Breakfast
8:30	"Tracheal Suctioning in Neonatal and Pediatric Patients: Current Research and Practice"
9:15	"Necrotizing Enterocolitis"
10:00	Break
10:30	"Drugs for Bugs"
11:15	Question and Answer (all speakers)
11:30	Adjourn to Luncheon Meetings

Thursday Afternoon, March 26 - General Session

1:30	Introduction	3:30	"Ethical and Legal Issues in Perinatal Care"
1:45	"Ethics in the Care of Women"	3:45	Question and Answer
2:30	Break	4:15	Adjournment
2:45	"Ethics of Labor Management of the Very Low Birth Weight Fetus"		

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Wednesday, March 25, 1992 ☐ Full-Day Session (\$75 includes luncheon)
(residents and students luncheon \$15)

Choose one topic for afternoon concurrent session: ☐ A: Obstetrics ☐ B: Pediatrics

WEDNESDAY TOTAL = \$ _____

Thursday, March 26, 1992 ☐ Full-Day Session (\$60 not including lunch) **\$** _____

Choose one topic for morning concurrent session: ☐ A: Obstetrics ☐ B: Pediatrics

☐ **Luncheon Meeting** (Indicate 1st and 2nd choice below) Optional (\$15) **\$** _____

____ Pain and Agitation in the Neonate ____ OB Ultrasound
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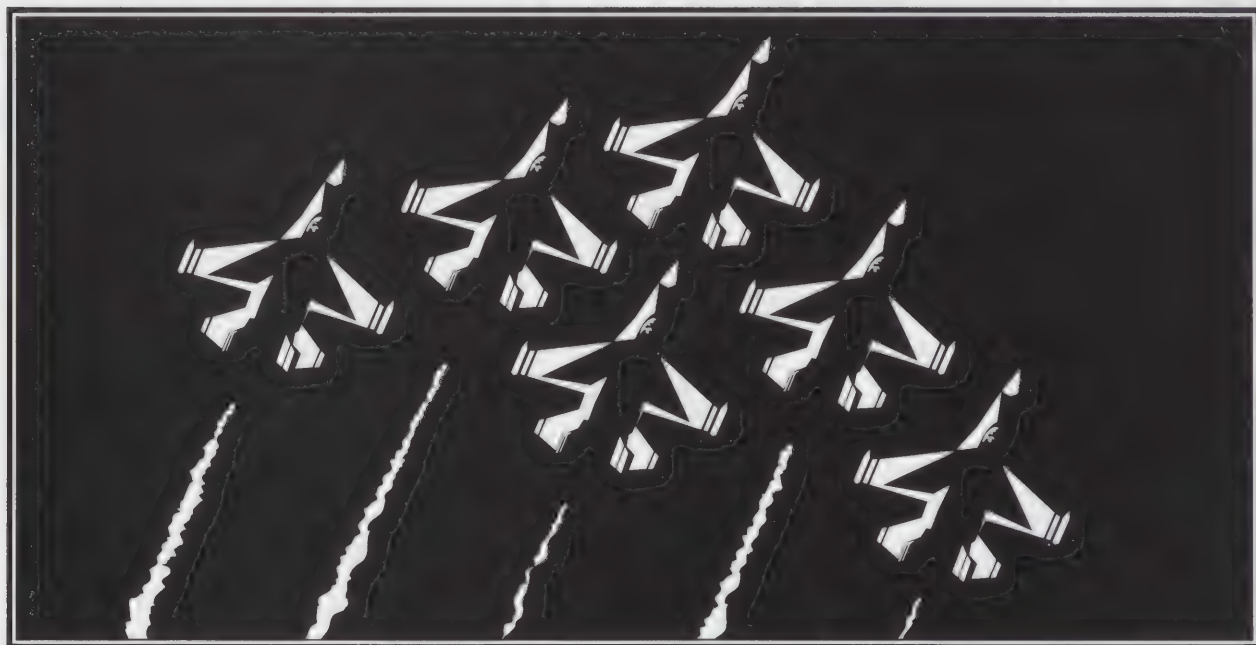
NEW MEMBERS

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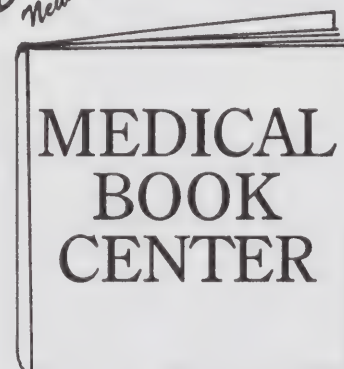
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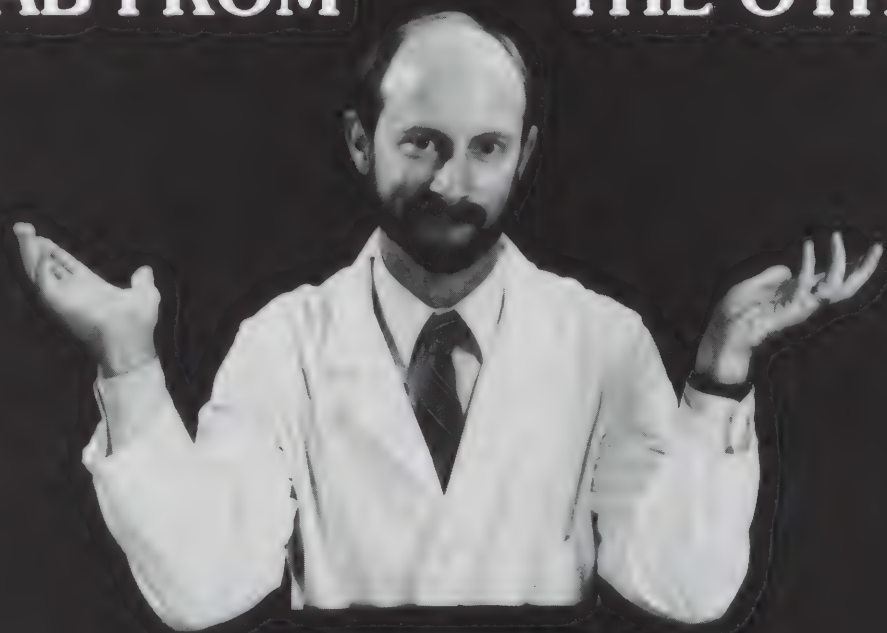
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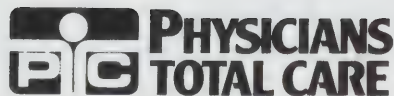
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Burnell H. Adams, MD

Flint

Burnell H. Adams, MD, an orthopedic surgeon, died November 26, 1991. He was 75. A 1943 graduate of the University of Nebraska Medical School, Doctor Adams was affiliated with Hurley Hospital, Flint. He was a member of the Detroit Academy of Orthopedics and Michigan Orthopedics. He also was a member and past treasurer of the Genesee County Medical Society.

W. Claire Baird, MD

Flint

W. Claire Baird, MD, a general surgeon, died December 26, 1991. He was 76. A 1942 graduate of the Wayne State University School of Medicine, Doctor Baird was affiliated with Hurley, McLaren General,

and St. Joseph hospitals, Flint. He was a member of the American College of Surgery, the Genesee County Medical Society and MSMS.

Philip M. Binns, MD

Detroit

Philip M. Binns, MD, an otorhinolaryngologist, died January 14, 1992. He was 63. A 1955 graduate of the Leeds University Medical School, England, Doctor Binns was assistant professor in the Department of Otolaryngology at Wayne State University School of Medicine. He was a member of the British Medical Association, the AMA, the Detroit Otolaryngological Society, the Michigan Otolaryngological Society, the Pan American Association of

Otorhinolaryngology and Bronchoesophagology, the Triological Society, and the American Society of Head and Neck Surgery.

Leo J. Bowers, MD

Pleasant Ridge

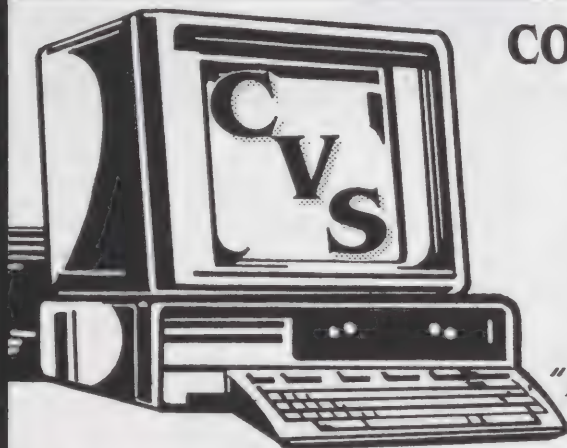
Leo J. Bowers, MD, a general practitioner and surgeon, died December 30, 1991. He was 84. A 1936 graduate of the University of Michigan Medical School, Doctor Bowers was affiliated with Providence and St. John Hospitals, Detroit. He was a member of the Wayne County Medical Society and MSMS.

Gordon T. Brown, MD

Rochester Hills

Gordon T. Brown, MD, a general practitioner, died January 6, 1992.

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OBITUARIES

Continued from page 55

He was 91. A 1927 graduate of the University of Michigan Medical School, he was affiliated with Saratoga General and Evangelical Deaconess hospitals in Detroit. He was a member of the Wayne County Medical Society and MSMS.

Quentin P. Hamilton, MD

Lathrup Village

Quentin P. Hamilton, MD, an otolaryngologist, died December 8, 1991. He was 69. A 1946 graduate of the University of Michigan Medical School, Doctor Hamilton was affiliated with Harper, Highland Park General and Providence hospitals, Detroit. He was a member of the Detroit Otolaryngological Society, the Detroit Ophthalmological Society, the Wayne County Medical Society and MSMS.

Russell A. Hayner, MD

Kalamazoo

Russell A. Hayner, MD, a general practitioner, died January 15, 1992. He was 86. A 1935 graduate of the Wayne State University School of Medicine, Doctor Hayner was affiliated with Bronson and Borgess hospitals, Kalamazoo. He was a member of the Kalamazoo County Medical Society and MSMS.

Ray E. Helfer, MD

East Lansing

Ray E. Helfer, MD, a Michigan State University professor of pediatrics and human development and one of the top experts in the field of child abuse and neglect, died January 27, 1992, of complications from a cerebral hemorrhage. He was 62. A prolific author, Doctor Helfer's writings have included four books and numerous articles,

monographs and book chapters on the topic of child abuse and neglect. He received many awards and honors for his work in child abuse and neglect from national and state organizations. He was scheduled to receive the Distinguished Career Award from the International Society for the Prevention of Child Abuse and Neglect at its annual meeting in August. Other awards he earned included the American Medical Association Merit Award for Work in Child Abuse and Neglect, and the 1991 MSU College of Human Medicine's Distinguished Faculty Award. He was a 1955 graduate of the State University of New York, Upstate Medical Center, Syracuse, NY.

Ng Harry Hing, MD

Ann Arbor

Ng Harry Hing, MD, an obstetri-

Continued on following page

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OBITUARIES

Continued from page 57

cian and gynecologist, died January 24, 1992. He was 65. A 1955 graduate of the University of Michigan Medical School, Doctor Hing was affiliated with St. Joseph Mercy Hospital, Ann Arbor. He was a member of the Washtenaw County Medical Society, the AMA and MSMS.

Melvin Culver Jones, MD

Bay City

M. Culver Jones, MD, a general practitioner and surgeon, died December 16, 1991, at the age of 80. Doctor Jones graduated from the University of Michigan Medical School in 1943 and was affiliated with Samaritan and General Hospitals, Bay City. He was a member of the Bay County Medical Society and MSMS.

William E. McNally, MD

Okeechobee, Florida

William E. McNally, MD, a pathologist, died December 15, 1991. He was 52. A 1964 graduate of the University of Michigan Medical School, Doctor McNally was affiliated with Borgess Hospital, Kalamazoo, Community Hospital, Anderson, Indiana, and the Portage Medical Clinic, Kalamazoo. He was a member of the Kalamazoo County Medical Society and MSMS.

Marvin B. Meengs, MD

Sun City, Arizona

Marvin B. Meengs, MD, a general practitioner, died January 17, 1991. He was 82. A 1934 graduate of Rush Medical College, Illinois, Doctor Meengs was affiliated with Hackley and Mercy hospitals, Muskegon. He was a member of the Muskegon County Medical Society and MSMS.

Theodore P. Miller, MD

Grand Rapids

Theodore P. Miller, MD, a pediatrician, died December 9, 1991 at the age of 62. A 1954 graduate of the Wayne State University School of Medicine, Doctor Miller was affiliated with Butterworth, St. Mary's and Blodgett Memorial hospitals, Grand Rapids. He was a member of the Kent County Medical Society and MSMS.

Roger F. Moxon, MD

Grand Rapids

Roger F. Moxon, MD, an internist, died December 20, 1991, at the age of 44. He was a 1973 graduate of the Wayne State University School of Medicine and was affiliated with Kent Community Hospital and the United Memorial Hospital, Greenville. He was a member of the

Continued on page 61

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	Constipation	Respiratory Depression	Sedation	Emesis	Physical Dependence
HYDROCODONE		X			X
OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. *Semin. Oncol.* 1975; 2: 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. *Ann. Intern. Med.* 1980 588-96.

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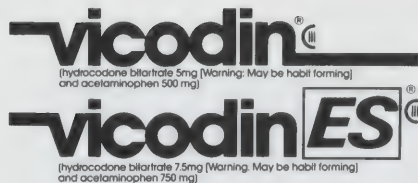


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1. Data on file, Knoll Pharmaceuticals

2. Standard industry new prescription audit



INDICATIONS AND USAGE: For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or hydrocodone.

WARNINGS:

Allergic-Type Reactions: VICODIN/VICODIN ES Tablets contain sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people.

Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS:

Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease.

Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.

Usage in Pregnancy:

Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever.

Labor and Delivery: Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS:

The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes.

Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation.

Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.

DRUG ABUSE AND DEPENDENCE:

VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/VICODIN ES Tablets should be prescribed and administered with caution.

OVERDOSAGE:

Acetaminophen Signs and Symptoms: In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Hydrocodone Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur.

Revised June 1989

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Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

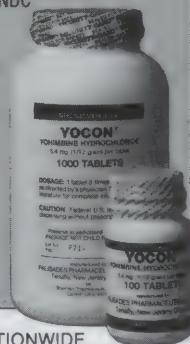
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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OBITUARIES

Continued from page 58

Kent County Medical Society and MSMS.

Charles W. O'Dell, MD

Three Rivers

Charles W. O'Dell, MD, a general practitioner, died December 4, 1991, at the age of 70. A 1945 graduate of the University of Michigan Medical School, Doctor O'Dell was affiliated with Three Rivers Hospital, Three Rivers.

William T. Sallee, MD

Santa Fe, New Mexico

William T. Sallee, MD, an ophthalmologist, died January 13, 1992. He was 67. A 1949 graduate of Jefferson Memorial College, Philadelphia, Doctor Sallee was affiliated with St. Mary Hospital, Livonia, Grace Hospital, Detroit, and Beaumont Hospital, Royal Oak. He held academic appointments at Wayne

State University School of Medicine and the Michigan State University College of Human Medicine. In addition, Doctor Sallee was an instructor for the American Academy of Ophthalmology. He received the Academy Merit Award in 1971. Doctor Sallee was a member of the Detroit Ophthalmological Club, the Wayne County Medical Society, the AMA and MSMS.

John M. Schroeder, MD

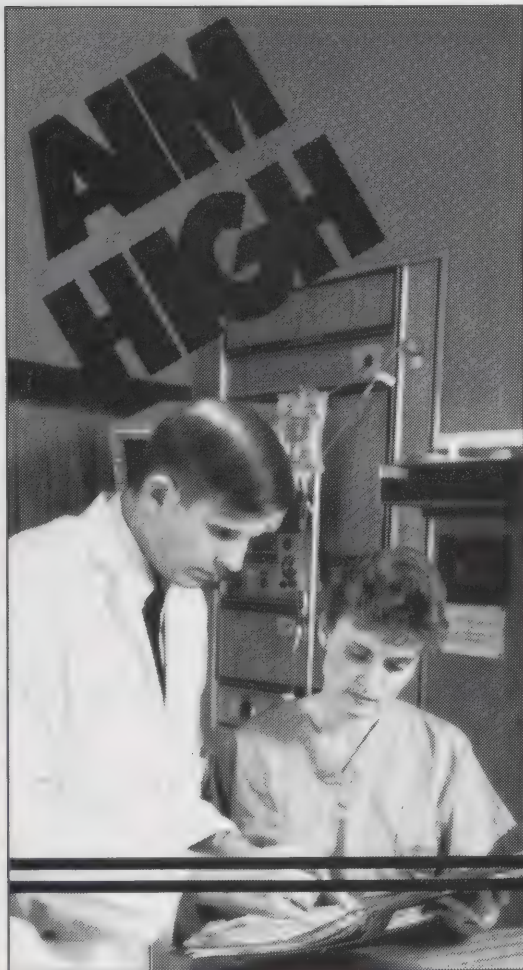
Iron Mountain

John M. Schroeder, MD, a general practitioner, died December 6, 1991, at the age of 72. A 1946 graduate of the University of Marquette Medical School, Wisconsin, he was affiliated with Memorial Hospital, Iron Mountain. Doctor Schroeder was a member of the Dickinson/Iron County Medical Society and MSMS.

Winston R. Wreggit, MD

Birmingham

Winston R. Wreggit, MD, a general practitioner, died January 19, 1992, at the age of 83. A 1932 graduate of the University of Michigan Medical School, he was affiliated with Grace Hospital, Detroit. Doctor Wreggit was a member of the Wayne County Medical Society and MSMS. ■



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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

March

17-21, Family Practice 1992 - 16th Annual Spring Review Course. **Location:** Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Family Practice. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 35 hours Category I Credit.

17 & 24, Twins: Special Emotional Problems. **Location:** Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Educational Association. **Contact:** David Fogel, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-0050. **Approved for:** 4 hours Category I Credit.

21, Third Annual Symposium on Medical Complications of Pregnancy: "Update on Gestational Diabetes Mellitus." **Location:** William Beaumont Hospital, Royal Oak, Michigan. **Sponsors:** William Beaumont Hospital. **Contact:** Liz Kretschmann, Office of Continuing Medical Education, William Beaumont Hospital, 3601 W. 13 Mile Rd., Royal Oak, MI 48073-6769, (313) 551-0429. **Approved for:** 4 hours Category I Credit.

22, Back to Basics. **Location:** Mt. Pleasant Holiday Inn Conference Center, Mt. Pleasant, Michigan. **Sponsors:** Central Michigan Community Hospital. **Contact:** Mary Jane Post, Adme/CME Secretary, Central Michigan Community Hospital, 1221 South Drive, Mt. Pleasant, MI 48858, (517) 772-6727. **Ap-**

proved for: 7 hours Category I Credit.

25-26, 31st Annual MSMS Conference on Maternal and Perinatal Health. **Location:** Amway Grand Plaza, Grand Rapids, Michigan. **Sponsors:** Michigan State Medical Society. **Contact:** Sarah Cressman, Assistant for Physician Education, (517) 337-1351. **Approved for:** 12 hours Category I Credit.

27-28, Colposcopy for the Primary Care Physician. **Location:** Bay Valley Resort and Hotel, Bay City, Michigan. **Sponsors:** The National Procedures Institute. **Contact:** Beth Moe, (517) 631-2090. **Approved for:** 12 hours Category I Credit.

27-28, 15th Annual Mid-West Glaucoma Symposium. **Location:** Ritz Carlton, Dearborn, Michigan. **Sponsors:** Sinai Hospital of Detroit. **Contact:** Hugh Beckman, MD, 6767 West Outer Drive, Detroit, MI 48235, (313) 493-5157. **Approved for:** 13 hours Category I Credit.

28, Management of Acute Myocardial Infarction Patients. **Location:** Ritz-Carlton Hotel, Dearborn, Michigan. **Sponsors:** Henry Ford Hospital. **Contact:** Shelley L. Helton, Coordinator, Office of Medical Education, 2799 West Grand Boulevard, Detroit, MI 48202-2689, (313) 876-7143. **Approved for:** 3.5 hours Category I Credit.

April

2-3, Challenges and Changes: Obstetrics and Gynecology in the 1990's. **Location:** Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

3, Advanced Trauma Life Support. **Location:** Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Michigan Committee on Trauma and The American College of Surgeons. **Contact:** Gwen Goldfarb, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O.

Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 17 hours Category I Credit.

3, Breast Feeding: Challenges & Solutions. **Location:** The Grand Manor at Fairlane, Dearborn, Michigan. **Sponsors:** Henry Ford Hospital. **Contact:** Shelley L. Helton, Coordinator, Office of Medical Education, 2799 West Grand Boulevard, Detroit, MI 48202-2689, (313) 876-7143. **Approved for:** 6 hours Category I Credit.

7 & 14, Rebellion Against Authority, Rational and Irrational. **Location:** Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Association. **Contact:** David Fogel, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-0050. **Approved for:** 4 hours Category I Credit.

8-10, Ultrasound in Obstetrics and Gynecology. **Location:** Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 21 hours Category I Credit.

15, Third Annual Hospice Symposium "Management of Terminal Illness: Hospice Update." **Location:** Hotel St. Regis, Detroit, Michigan. **Sponsors:** Henry Ford Hospital. **Contact:** Shelley L. Helton, Coordinator, Office of Continuing Medical Education, (313) 876-3073 or 1-800-888-4340. **Approved for:** 5.5 hours Category I Credit.

15, Practical Issues in the Treatment of Epilepsy in Adults & Children. **Location:** Novi Hilton, Novi, Michigan. **Sponsors:** Henry Ford Hospital. **Contact:** Shelley L. Helton, Coordinator, Office of Medical Education, 2799 West Grand Blvd., Detroit, MI, (313) 876-7143. **Approved for:** 4 hours Category I Credit.

23-24, Colposcopy for the Primary Care Physician. **Location:** Bay Valley Resort and Hotel, Bay City, Michigan. **Sponsors:** The National Procedures Institute. **Contact:** Beth Moe, (517) 631-

Continued on following page

CATEGORY I COURSES

Continued from page 63

2090. **Approved for:** 12 hours Category I Credit.

24-25, The Phlebotomy Team. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Pathology. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 10 hours Category I Credit.

27-May 1, Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 33.5 hours Category I Credit.

30-May 2, 24th Annual Cancer Symposium "Cytometry 2000." Location: Hutzel Educational Center, Hutzel Hospital, Detroit, Michigan. **Sponsors:** Wayne State University School of Medicine and Harper Hospital. **Contact:** Wayne State University School of Medicine, Division of Hematology and Oncology, Department of Internal Medicine, Harper Hospital, 3990 John R., Detroit, MI 48201, (313) 577-8224. **Approved for:** 16.5 hours Category I Credit.

May

2-3, Regional Anesthesia: Anatomy & Techniques. Location: Wayne State University School of Medicine, Gordon Scott Hall, Detroit, Michigan. **Sponsors:** Wayne State University School of Medicine. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, University Health Center, 4201 St. Antoine, 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 10.5 hours Category I Credit.

4-9, All Michigan OB/GYN Review Course. Location: Laurel Manor Banquet and Conference Center, Livonia, Michigan. **Sponsors:** Wayne State University, University of Michigan and Michigan State University. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, University Health Center, 4201 St. Antoine, 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 35 hour Category I Credit.

14-15, Vestibular Rehabilitation. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 12 hours Category I Credit.

14-16, Evaluation and Management of Valvular Insufficiency: New Ap-

proaches for the 1990's. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

15-16, 64th Annual Ophthalmology Spring Postgraduate Conference. Location: University of Michigan, W.K. Kellogg Eye Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 13 hours Category I Credit.

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MEETINGS

MSMS Meetings

March

MSMS/MPMLC Closed Claim Review Sessions. A series of early morning Risk Management Sessions featuring Internal Medicine case studies will be held throughout Michigan in March. For further information contact: Julie Smith, Chief, Risk Management, (517) 337-1351.

Implementing RBRVS and Related Coding Changes. A series of afternoon and evening seminars will be held throughout Michigan in March. For further information, contact: MSMS Office of Physician Education, (517) 336-5784.

13, MSMS Practice Management Seminar, "Health Law Update," Dearborn Inn, Dearborn MI. Contact: Michigan State Medical Society, Office of Physician Education, (517) 336-5784.

13, Accent Reduction Seminar,

Dearborn Inn, Dearborn, MI. Contact: Betty McNerney, MSMS IMG staff liaison, (517) 336-5749.

14, MSMS Joint Section Meeting, Dearborn Inn, Dearborn, MI. Contact: Judy Marr, Manager, Department of Communications and Professional Relations, (517) 337-1351.

16, AMPAC/MDPAC Constituent Skills Workshop, MSMS Headquarters, East Lansing MI. Contact: Sandra Bitonti, Assistant to Legislative Affairs, (517) 337-1351.

17, MSMS/MSMSA Government Affairs Day, Lansing Center, Lansing, MI. Contact: Sandra Bitonti, Assistant to Legislative Affairs, (517) 337-1351.

18, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

25-26, MSMS Conference on Maternal and Perinatal Health, Amway Grand

Plaza, Grand Rapids, MI. Contact: Sarah Cressman, Assistant for Physician Education, (517) 337-1351.

31 - April 2, MSMS Practice Management Seminar, "How to Master the New CPT Codes," by Conomikes Associates, Inc. March 31 — Traverse City; April 1 — Bay City; April 2 — Ypsilanti. Contact: MSMS Office of Physician Education, (517) 336-5784.

April

2, MSMS CME Conference, "The Changing CME Environment in Michigan," Kellogg Center, East Lansing. Contact: Vada Davis, Assistant to the Director, (517) 337-1351.

7,8,9, MSMS Practice Management Seminar, "How to Master the New CPT Codes," By Conomikes Associates, Inc. April 7 — Grand Rapids; April 8 — Saginaw; April 9 — Troy. Contact: MSMS Office of Physician Education, (517) 336-5784.

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21,22,23, MSMS Practice Management Seminar, "How to Run a More Profitable Practice," by Conomikes Associates, Inc. April 21 — Traverse City; April 22 — Flint; April 23 — Ann Arbor. Contact: MSMS Office of Physician Education, (517) 336-5784.

28,29,30, MSMS Practice Management Seminar, "Improved Collection Practices in the Health Care Office," by IC System. April 28 — Saginaw; April 29 — Troy; April 30 — Grand Rapids. Contact: MSMS Office of Physician Education, (517) 336-5784.

May

1-3, MSMS House of Delegates, Hyatt Regency, Dearborn, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

12-14, MSMS Practice Management Seminar Series, "Medical Office Management Institute," by Conomikes Associates, Inc., Troy, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

28,29,30, MSMS/AMA Retirement Series: Financial Strategies for Successful

Retirement for Senior Physicians & Gearing up for Retirement, Grand Traverse Resort, Traverse City, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

July

16-19, MSMS Board of Directors Meeting, Grand Traverse Resort, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

September

16, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

November

4, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

17-20, MSMS Annual Scientific Meeting, Hyatt Regency, Dearborn, MI. Contact: Sarah Cressman, Assistant for Physician Education, (517) 337-1351.

AMA Meetings

April

2-5, AMA Health Reporting Conference, Chicago Hilton and Towers, Chicago, IL. Contact: American Medical Association, (312) 464-5484.

Michigan Specialty Society Meetings

March

11, The Early Phase of Psychotherapy with Children, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

12, Clinical Case Seminar on Transference and Resistance, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

April

8 & 22, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, (313) 559-5855.

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MEETINGS

Continued from page 67

29, The Early Phase of Psychotherapy with Children, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

May

6 & 20, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

National Specialty Society Meetings

March

27, Academy of Psychosomatic Medicine 39th Annual Meeting. Contact: Executive Director, Academy of Psychosomatic Medicine, 5824 North Magnolia, Chicago, IL 60660, (312) 784-2025.

April

11-16, American Academy of Pediatrics-Spring Session, New York, NY. Contact: (708) 981-7887.

11-16, American Association of Neurological Surgeons, San Francisco, CA. Contact: (708) 692-9500.

12-16, American College of Cardiology, Dallas, TX. Contact: (301) 897-5400.

27-30, American College of Obstetricians and Gynecologists, Las Vegas, NV. Contact: (202) 638-5577.

May

1-4, Association of American Physicians, San Diego, CA. Contact: (609) 848-1000.

2-9, American Academy of Neurology, San Diego, CA. Contact: (612) 623-8115.

10-14, American Urological Association, Washington, DC. Contact: (301) 727-1100.

17-20, American Lung Association; American Thoracic Society, Miami Beach, FL. Contact: (212) 315-8700

15-17, American College of Radiology conference on Positron Emission Tomography. Contact: Kathy Lawrence (800) 227-5463.

20-23, American Association for Cancer Research, San Diego, CA. Contact: (215) 440-9300.

August

8-14, Society of Magnetic Resonance in Medicine Scientific Meeting and Exhibition. Contact: Chairman, Young Investigator's Award Committee, Society of Magnetic Resonance in Medicine, 1918 University Avenue, Suite 3C, Berkeley, CA 94704, USA.

Other Meetings

March

7-14, Midwest Doctors Medical Seminars, Snowmass Village, Colorado. Contact: Richard Campau, Michigan State Medical Society, (517) 337-1351.

8-13, Thirteenth Annual Mammoth Mountain Emergency Medicine Ski Conference. Contact: Mark Song, MD (714) 552-0831.

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Continued from page 72

become a disciple for the truth. You are a respected community leader. Talk to your patients, to your friends, to your older "absentee" voters, to your associates, to your staff, to everyone you come into contact with. You needn't be overt or pushy about it, but let your opinions be known. You will be amazed at the amount of influence you carry in the community.

Another necessary step in political involvement is putting your political process funds where your orbicularis oris is. In other words, put your money where your mouth is. Talk is cheap and sideline naysaying is even cheaper. If you really want something to succeed, it will require a commitment of not only a little time and energy, but some cold

hard cash, as well. Contribute money to a candidate you believe in. Contribute to MDPAC. If you sit around and grumble about the influence the Michigan Trial Lawyers Association has with the legislature, think about why. Maybe it's because we are not providing enough help to get the right kind of candidates in office. Candidates need financial support, particularly if they are fighting an incumbent. Find out where your local legislators sit on the issues, and then either help pry them off or glue them to their seat with a campaign contribution. Use your dollars and sense to improve your representation.

It's too simple to throw up our hands and give up on our political process. As Churchill said, "Democracy is the very worst form of government ever invented. Except for all

others." It's a frustrating system, a slow system. But it works when the voice of the people is heard.

Make *your* voice heard.

The only thing necessary for the triumph of bad policies is for good physicians to do nothing. The future of medicine really *does* depend on you. ■

Doctor Burton is MSMS president.

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Your vote and the future of medicine

By Robert D. Burton, MD

President Bush recently unveiled his plan for reforming the delivery of health care in the US. It is a step he probably would have liked to avoid, but he didn't have a choice.

In the wake of Harris Wofford's victory over apparent shoe-in Dick Thornburgh in Pennsylvania's recent special Senate election where Wofford came out strong for universal health care, reform of the health care system has become a "wedge" issue for the President. Bush has been forced to lay out his ideas for health care reform or be labeled by the opposition as a man without a plan.

Like it or not, health care has become a hot political issue. And as they say, all politics is local.

The most local aspect of politics is you. You, as an intelligent, respected professional, have a duty and an obligation to become involved in the political process and to let others know how you feel.

If nothing else, you must exercise your right to vote. Just like exercising the body, you must "use it or lose it." Less than half of those registered to vote usually do so in any given election, and that is a tragedy. Around the world, people are dying for the right to vote, revolutions are undertaken for voting rights and world superpowers are finally giving their people the right to vote. Yet here in the bastion of freedom, the United States of America, land of the free and home of the brave, most people don't participate in this sacred right.

I've never seen numbers on the percentage of physicians who usually vote — I'm talking about all elections from local school millages to the president — but I would guess our numbers are not much greater than the general public's.

Physicians have proven they can have an impact when they decide they want to voice their concerns about a particular issue. The most recent issue that comes to mind is the conversion factor in the new RBRVS. Physicians wrote 95,000 letters to HCFA expressing their distaste over the reduced factor. The result was that HCFA re-

lentled and raised the conversion factor from 26 to 31 dollars. We can have an impact. Politicians do listen to us.

We must build on this type of success and keep up the pressure on a variety of issues. We must write our local state representatives and insist on their votes in favor of the medical liability reform legislation now in the Michigan House. We must let them know how we feel about scope of practice

issues, about Medicaid reform, about public health issues, about Blue Cross/Blue Shield issues and others. We must write to our US representatives and senators on national health care reform, on RBRVS revisions, on Medicare reform, on access for the uninsured and a multitude of other issues affecting our practices and our patients.

If every physician who wrote on the conversion factor would write on these other issues, we would be much farther along in improving health care in Michigan and the US.

But it is not enough to simply write to your legislators. You must know them and know the candidates in various elections. Be an informed voter. Read your local papers and *Medigram* and *Michigan Medicine*. Find out who is supporting what and vote for those who appear to be on target.

With your knowledge of candidates and your knowledge about what must be done politically,

Continued on page 71



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Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

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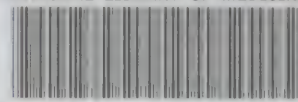
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MICHIGAN MEDICINE

APRIL 1992
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*Award-Winning
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Public Health Issues— Physicians have many concerns

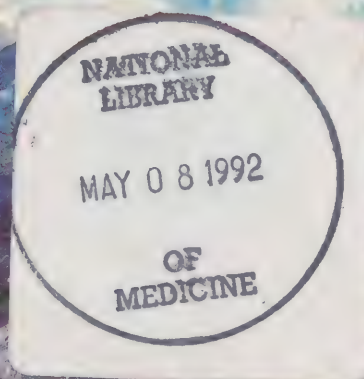
Medicaid
managed care
comes of age
—Physician
sponsors needed

Americans with Disabilities Act— Are you prepared?

PRO Update
New MPRO
requirements now
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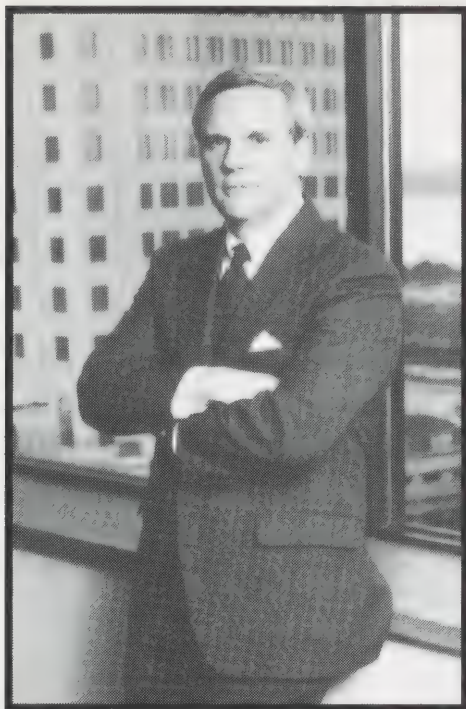
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- MSMS on the Move
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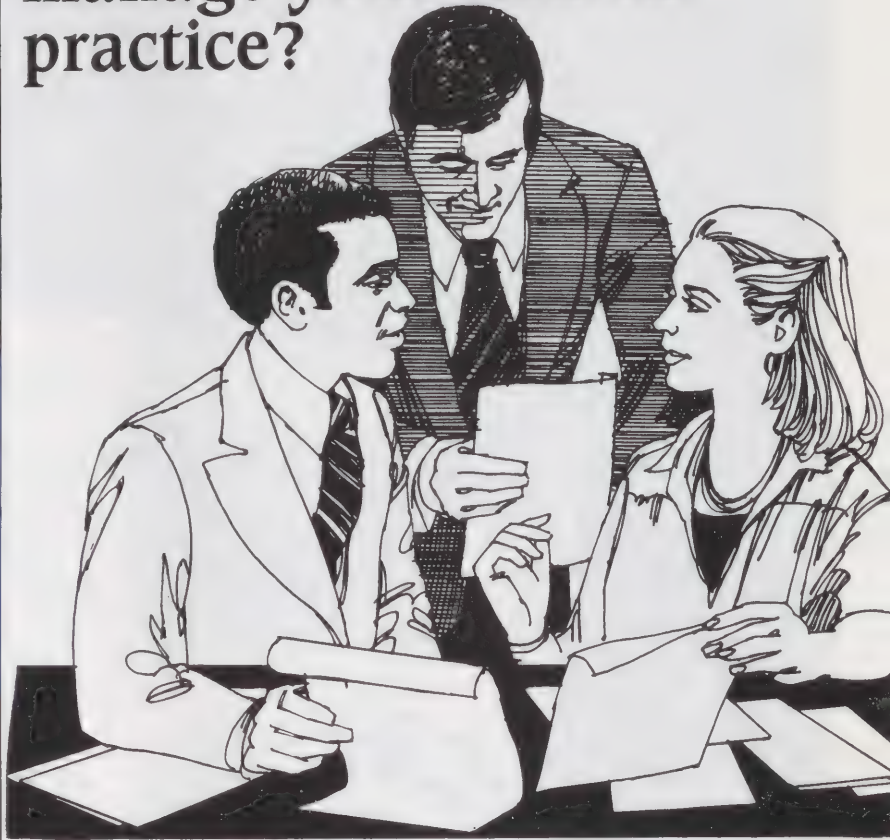
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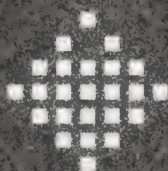
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MICHIGAN MEDICINE

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COVER STORY

In a recent MSMS survey, MSMS members ranked public health as one of the top five issues of major concern to Michigan physicians. Tobacco use, chronic illness, and HIV-infected health care workers comprise some of the major public health issues MSMS members want to hear more about. This month's cover story provides a brief examination of each of these issues. Also included is a brief discussion of medical doctors as public health directors. Should all public health directors be medical doctors? This question is addressed in this month's cover story.



OTHER KEY ARTICLES

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Medicaid Managed Care

The concept of managed care has come of age in Michigan. A central part of the program is the Physician Sponsor Plan—a program designed to control costs and provide continuing care to Michigan's Medicaid recipients. This article describes the Physician Sponsor Plan and concludes that physician sponsors are making a difference.

By Janeile Cannon

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The Americans with Disabilities Act

In July 1990, President Bush signed into law the Americans with Disabilities Act—a comprehensive, anti-discrimination statute which guarantees disabled individuals fair employment practices and equal access to a variety of critical services. Physicians not aware of the specifics of this Act could find themselves facing an unnecessary lawsuit. MSMS legal counsel presents a detailed guide for health care professionals on this Act.

By Thomas R. Williams

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PRO Update

The Health Care Financing Administration (HCFA) began implementation of the transition from the Third Peer Review Organization (PRO) Scope of Work to the Fourth PRO Scope of Work in October 1991. Michigan's PRO (MPRO) is scheduled to implement requirements outlined in the Fourth Scope of Work beginning this month.

DEPARTMENTS

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In next month's issue:

Domestic Violence

Cover illustration: By Robert L. Brent

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranted by MSMS.

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SOUNDOFF!

Soundoff! provides you with the opportunity to voice your opinion about any issue you please. If you have an opinion you would like to share with your colleagues, write it down and send it to *Michigan Medicine*, PO Box 950, East Lansing, MI 48826-0950 Attn: Betty McNerney. We will do our best to publish your comments in a timely manner.

Students have a voice in organized medicine

By Pino D. Colone

Many lay people perceive organized medicine as interested only in financial gain for physicians, when in reality this is not the case. The American Medical Association (AMA) and the Michigan State Medical Society (MSMS) have taken positions and adopted by-laws concerning a broad spectrum of issues - from the environment to apartheid to all-terrain vehicle (ATV) legislation.

The bodies of organized medicine are important forums for ensuring high standards for patient care and public health, as well as for addressing issues within the medical community, and for planning strategies to maintain physician autonomy and integrity.

Many students arrive at medical school, as I did, with no idea, or a very vague idea, of what organized medicine is all about.

The AMA is the strongest organized voice of medicine. The AMA passes national policies with input from individual state and county medical societies, such as the

Michigan State Medical Society and the Genesee County Medical Society. This structure allows for diversity and individualization of each state while efficiently fostering and collecting ideas and concerns about issues at the local, state, national, or global level, thereby increasing the facility of involvement.

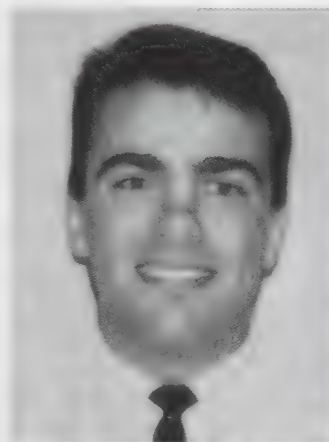
Our subsection of the American Medical Association, the Medical

Student Section, has its own bylaws and House of Delegates, and representation in the physician section. Resolutions that are adopted by the Medical Student Section assembly can be sent to the AMA-House of Delegates to be considered for acceptance as AMA policy. This occurs

at two annual meetings: June in Chicago, and December in other parts of the country.

The annual meetings create opportunities away from the classroom to develop contacts and relationships with physicians from your community and around the state. They allow communication and transfer of ideas between medical students from across the country. The annual meetings are

Continued on following page



Pino D. Colone

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SOUNDOFF!

Continued from page 5

also a great chance to get away twice a year and have some fun!

As medical students we are a direct part of the Michigan State Medical Society House of Delegates.

My involvement in organized medicine began as a first year medical student, after being chosen by my classmates to represent the College of Human Medicine as the delegate to the Michigan State Medical Society and the AMA Medical Student Section. Although eager about the opportunity, I was somewhat reluctant about becoming involved in politics, especially while a medical student. Nevertheless, I decided to approach the challenge with an open mind.

At my first MSMS House of Delegates meeting I was appointed to a reference committee. Being in

awe of the process, I was very surprised to be solicited for the opinions of medical students and to see that my opinions weighed equally with those of physicians on the committee. I could not believe the impact medical students could have in medicine. Since then, I have become increasingly enthusiastic and involved in organized medicine.

This experience dramatically illustrated for me how important it is to get involved and voice your opinions in order to bring about change. It also showed how much respect the Physician Section has for the Medical Student Section and how excited they are to have students involved.

I am currently an Alternate Delegate from the Michigan State Medical Society to the AMA. As the only student member of the Michigan delegation, I represent the state of Michigan, as well as the Medical Student Section (MSS).

Medical students can play an important part in shaping the future of organized medicine. I believe that involvement in organized medicine is of utmost importance to physicians, residents, and medical students alike. The issues being decided today will determine the environment in which we practice in the very near future. ■

Pino Colone is a fourth-year medical student, Michigan State University College of Human Medicine. This article is reprinted from the Fall 1991 issue of Michigan State M.D.

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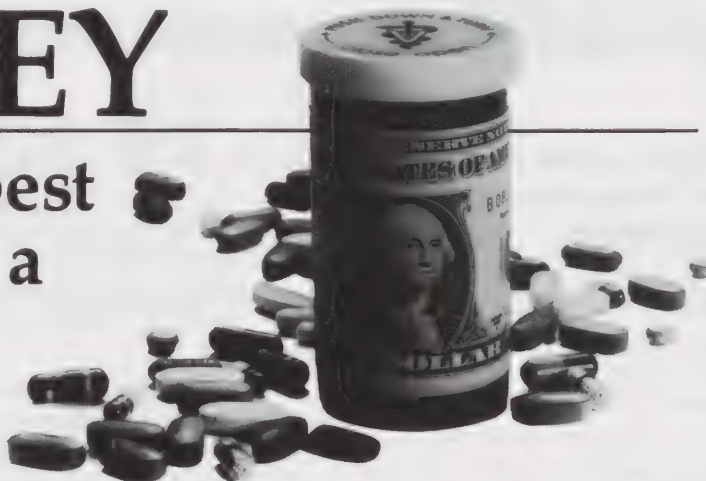
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LETTERS

Gov. Engler deserves recognition, respect for his strong stand on liability reform

On January 24, 1992, I had the opportunity to attend Governor Engler's speech to the Michigan Press Association Annual Convention. Membership in the Press Association includes all Michigan's daily newspapers and almost all of its weeklies. Most senior newspaper people in this State were in attendance.

During his speech, Governor Engler decried the disastrous "malpractice" climate in Michigan. He outlined the detrimental effect this climate has had on access to health care and the quality of health care, as well as its negative impact on Michigan's economy. He vigorously denounced outrageous jury verdicts, specifically citing the \$19 million dollar judgement against Hutzel Hospital. I was deeply impressed with Governor Engler's commitment to resolving the malpractice crisis.

Governor Engler clearly recognizes both the direct and indirect costs of Michigan's "malpractice" mess. He recognizes the impact of the "malpractice crisis" on patients, physicians and hospitals. He understands the real costs to society by physicians' need to practice defensive medicine. He is disturbed by the impact on access to care, and he is aware of increasingly adversarial relationships between doctors, patients and hospitals which only serve to exacerbate the situation. Governor Engler understands how the escalating jury awards create an unfavorable climate, not only for the practice of medicine but for employers in Michigan.

Governor Engler challenged (perhaps even admonished)

Michigan's press to investigate the impact that "personal injury (PI)" lawyers are having on the "health" of Michigan's health care system. He urged the press to investigate and to speak out on this mushrooming problem.

Governor Engler has taken the lead! He could not have been a stronger advocate of "tort reform!" Now, it is our professional obligation to become more actively involved. It is our obligation to actively address the health of Michigan's health care system and to publicly speak out on behalf of our patients, our community and our colleagues who are being harmed by a small, politically active special interest group, the personal injury lawyers.

We cannot deny that physician malpractice occurs. We must change the way these issues are handled. Physicians and the Michigan State Medical Society must assure our community that we care about the quality of medicine delivered to them and that we are willing to be accountable. *The method of accountability must be changed and made part of the solution.*

It is imperative that Michigan's medical community, regardless of political persuasion, support the Governor. "Tort Reform" is not so much a political issue as it is a health care issue. It is also a major economic issue, costing hundred of millions of dollars annually. This issue affects Michigan's ability to compete economically with other regions of the country and the world. The litigation climate in this State is a major factor making Michigan which, if left uncorrected, can lead to an economic disaster.

I urge all physicians, nurses and hospitals in Michigan (the advocates of health care) to:

1. Contact your local media, including your local newspaper, radio

station, and T.V. Station. Volunteer to educate and help them understand the enormous negative impact and consequences of a system out of control.

2. Educate your patients; help them understand how the litigious environment impacts the costs and availability of health care. Tell them its effects on you.

3. Write:

- the Speaker of the House, Rep. Dodak (D);
- the House minority leader, Rep. Hillegonds (R)
- the State Senate majority leader, Sen. Posthumous (R)
- the State Senate minority leader, Rep. Miller (D)
- the Chairperson, House Judiciary Committee, Rep. Bullard (D)
- the Chairperson, Senate Judiciary Committee, Sen. van Regenmorter.

If we do not take the time and invest the energy to educate the public about what is happening and how the "malpractice crisis" impacts access, cost of health care and jobs here in Michigan, we will have done our patients a tremendous disservice. Integrity of both health care, and Michigan's economy, are under attack. *We all have a duty to respond*, even if dealing with this problem is uncomfortable, expensive and time consuming. *We owe it to our profession and we owe it to our patients.*

It takes time and energy to write letters to the editors and to our legislators. But what a shame it would be to fail to support Governor Engler who understands our problem and who could not be a stronger advocate for tort reform.

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Billing Assistant Plus (BA+)

Operating on a hard disk-equipped personal computer, the BA+ provides all the BA functions plus these additional capabilities:

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Medical Business Assistant (MBA)

Uses the expanded power of a hard disk-equipped personal computer to fully automate billing and business management capabilities:

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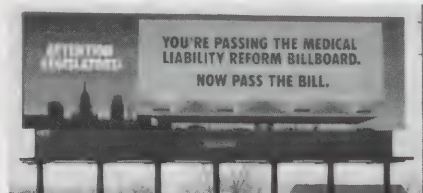
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A monthly update of key MSMS activities

**Physician contact
with legislators
crucial to liability reform**



Contact your representatives now to urge support for the medical liability reform bills! Passage of House Bills 5434-5435, which are locked in committee, depends on physician and public pressure to do so. A bipartisan majority of House members support the bills. House Speaker Lewis Dodak said he's willing to discuss Michigan health care reform initiatives, including medical liability reform. MSMS has patient action brochures containing postcards patients can send to their representatives. MSMS also has postcards for physicians to send to their representatives. Call Joyce Heldman at MSMS at (517) 336-5783 to order them. The first hundred of both the brochures and postcards are free.

**MSMS prepares for
annual House of Delegates**

More than 200 delegates will convene in Dearborn May 1-3 for the 1992 MSMS House of Delegates. During the weekend meeting, delegates will consider more than 100 resolutions which cover credentialing, timely Medicaid payments, HIV testing, uniform billing forms, incentives for arbitration, and many other areas. Resolutions were due to MSMS April 1. Nearly 50 of the resolutions submitted came from the MSMS special sections for hospital medical staff, international medical graduates, and young physicians. Throughout April, directors for the state's 15 districts will brief delegates in preparation for the meeting.

**MSMS seminars
aid physicians with
Medicare payment transition**

MSMS last month began its second wave of training seminars for physicians and office staff on billing and coding changes under the new Medicare reimbursement system. The daylong seminar "How to Master the New CPT Codes" will run through mid-April. MSMS also will offer in early summer and fall a "Coding and Reimbursement Institute." This will consist of three one-day workshops on coding and fee/claims analysis techniques. Call the MSMS Office of Physician Education at (517) 336-5784 for more information.

**Increase your bottom line
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MSMS now provides expert in-office help to physicians on billing. Physicians can learn, without leaving the office, how to apply the new Medicare payment system evaluation and management codes. In-office consultants provide tips to improve physician billings. MSMS offers half-day and full-day in-office consultations. MSMS also will conduct on-site billing seminars for hospital medical staffs and other groups. MSMS is developing a variety of other management tools and programs for physicians. Call Mary Anne Ford at MSMS at (517) 336-5721 for details.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517/337-1351.

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MDPH issues 1992 Fish Consumption Advisory Update

The Michigan Department of Public Health (MDPH) recently released its annual fish consumption advisory update.

Four new advisories have been added as part of the 1992 update. These include a recommendation that people not eat whitefish larger than 23 inches if caught from the southern half of Lake Michigan (south of Frankfort). Four large whitefish collected from the Muskegon area in 1990 contained chlordane above the 0.3 part per million level of concern. Smaller whitefish from this area had acceptable levels. Whitefish are not frequently taken by anglers from the southern portion of Lake Michigan. Large whitefish from Grand Traverse Bay and smaller fish tested from Big Bay de Noc (two areas where sport fishing for whitefish is more common) did not show significant contamination.

Chlordane is a pesticide previously used broadly in agriculture and for termite control in buildings. Most agricultural uses in the United States were banned by the US Environmental Protection Agency in 1980; remaining uses for chlordane ended in 1988.

Another new advisory affects lake trout from Glen Lake in Leelanau County. Due to the presence of mercury at elevated levels, it is recommended that lake trout from 23 to 30 inches in length from Glen Lake not be eaten more often than 1 meal per week. Women of childbearing age and young children (less than 15 years old) should not eat more than one meal per month of these fish. It is recommended that lake trout larger than 30 inches from Glen Lake not be eaten at all because of el-

evated levels of both chlordane and mercury.

Walleye over 22 inches from Lake Michigan are being placed into the "restrict consumption" advisory category due to mercury detected above 0.5 ppm in these fish from the Little Bay de Noc and the Muskegon areas. An advisory for Little Bay de Noc walleye was issued in 1989.

The fourth addition to the advisory involves walleye and redbreasted suckers from the Menominee River. Walleye of all legal sizes and redbreasted suckers over 17 inches should not be eaten by the general population more than 1 meal per week nor by women of childbearing age or young children more often than 1 meal per month. The advisory is based upon the finding of mercury levels in these fish similar to levels found in most inland lakes.

UP diabetes program saves lives, wins awards

The Upper Peninsula Diabetes Outreach Network (UPDON) recently received a national award at the US Centers for Disease Control Conference on Chronic Disease Prevention and Control in Washington D.C., UPDON, sponsored by the Michigan Department of Public Health, is a home care network for persons with diabetes living in Michigan's Upper Peninsula.

During the early 1980's the diabetes death rate in the UP had been one-third higher than the remainder of the state. Since the inception of UPDON, the mortality rate in the Upper Peninsula has decreased 30 percent, from 80 to 56 deaths per 100,000 population. The 1989 diabetes mortality rate in the UP was 20 percent lower than the 1989 rate for people in the Lower Peninsula.

WSU studies effects of alcohol warning labels on pregnant women

A federal law took effect in November 1989 requiring all alcoholic beverages to carry a label warning of the health hazards of drinking, including the dangers of birth defects to women who drink during pregnancy.

But has the warning label deterred drinking among pregnant women?

Not really, says Janet Hankin, associate professor of sociology and obstetrics and gynecology at Wayne State University.

Hankin and psychology Professor Ira Firestone are studying the effects of alcohol warning labels on pregnant women's drinking habits.

The study, funded by a five-year grant from the National Institute on Alcohol Abuse and Alcoholism, is just one of the research projects of the Fetal Alcohol Research Center headed by School of Medicine Dean Robert Sokol, who is recognized nationally for his expertise on fetal alcohol syndrome.

Project researchers studied and collected data on women receiving prenatal care at the University Health Center between 1989 and 1991. That information will be compared with data already compiled on more than 9,000 women seen at Hutzel Hospital since 1986.

Hankin's study group consisted of black women from lower socioeconomic backgrounds believed to be at risk of drinking during pregnancy. About five percent of the study group were heavy drinkers, consuming an equivalent of an ounce or more hard liquor daily.

Researchers interviewed 3,075 women seeking prenatal treatment

Continued on following page

Continued from page 13

six months before and 18 months after the warning label law was enacted. The women, who were interviewed just prior to their first prenatal visit, were questioned on their attitudes about drinking during pregnancy.

Hankin says that even before the label law took effect, between 31 percent and 42 percent of the women tested believed alcoholic beverages carried a warning label. Although awareness of the label increased from 31 percent to 59 percent after the warning label law took effect, Hankin says that it didn't have much of an impact on the amount of alcohol women reported drinking.

Hankin says alcohol warning labels alone are not enough. She believes labels should be accompanied by greater public awareness.

Commonly used drug ineffective in fighting optic neuritis, MSU reports

A national study, in which Michigan State University participated, found that a drug called methylprednisolone, when given intravenously, helps reduce the recurrence of optic neuritis.

The study, published in the February 27, 1992, issue of the *New England Journal of Medicine*, also determined that the drug most commonly prescribed to fight the effects of the illness is ineffective. That drug, prednisone, is prescribed by as many as 65 percent of the physicians who treat optic neuritis patients.

"What this study found is that this common mode of treatment should be abandoned," said David Kaufman, MD, associate professor of internal medicine and leader of MSU's role in the project. "Not only is it essentially ineffective, it joins the other side, causing the disease to come back."

The national Optic Neuritis Treatment Trial (ONTT) found that of the 457 patients whose cases were followed over a three-year period, 27 percent who took prednisone orally had at least one new attack of optic neuritis. In contrast, patients who received an oral placebo had a 15 percent rate of subsequent optic neuritis.

However, the study showed that patients who received methylprednisolone intravenously had only a 13 percent rate of subsequent attacks. It also proved to be somewhat effective for patients with severe vision loss.

BOPR now has a 900 number

To help consumers receive license verification information faster and cheaper, the Federal Bureau of Occupational and Professional Regulation (BOPR) has instituted a 900 number effective Tuesday, February 25, 1992.

By calling 1-900-740-6111, consumers can learn if someone is licensed without incurring long-distance telephone charges. Typically, a license can be verified in under one minute, and charges for the 900 service are \$1.50 per minute, less than the typical long distance call.

It will help people who only need a "yes" or "no" answer to get that answer faster. The Bureau expects the typical user to be an employer who wants to make sure that a prospective employee is properly licensed, or a consumer checking out licensees before engaging professional services. Licensees may check to determine whether they may be in competition with someone who is not licensed as required by law. Licensees will now be able to check for themselves or encourage their customers to make a call to determine an individual's licensure status.

Written proof of licensure will still be provided if requested. A statutorily required fee of \$5.00 or \$15.00 will be charged for printed verifications.

MSU College of Human Medicine one of nation's best

For the second year in a row, Michigan State University's College of Human Medicine has been selected as one of the top schools in the country for the training of primary care physicians.

In its annual survey of 66 comprehensive medical schools, *U.S. News & World Report* ranked the college fourth in the nation. A comprehensive medical school is one which considers its chief mission the education of primary care physicians.

The magazine's rankings were based on surveys of medical school deans and directors of intern-residency programs. A number of factors were considered, including academic reputation.

According to the survey, the number one medical colleges for training physicians are Thomas Jefferson University of Philadelphia and Brown University of Rhode Island. Oregon Health Science University is third, and MSU and Ohio State University tied for fourth.

Among the 60 schools categorized as primarily research-oriented institutions, Harvard University was ranked number one for the third year in a row.

The rankings appear in *U.S. News & World Report's* March 23, 1992, edition. ■

PHYSICIANS IN THE NEWS

Jose L. Evangelista, MD,
and his wife **Stella Salgado Evangelista, MD,**
have been named "Most Outstanding Couple" by the University of Santo Tomas Medical Alumni Association.



Doctors Jose and Stella S. Evangelista are also among 20 Filipino-Americans adjudged "Outstanding Filipino-Americans in the United States" by Fil-Am Image Magazine, Washington DC.



Doctor Jose Evangelista, president-elect of the UST Medical Alumni Association of America, is former president of the Association of Philippine Physicians in America (APPA) and Doctor Stella Salgado Evangelista, president-elect of UST Medical Alumni of Midwest, is the first Filipino and first Asian to be appointed a member of the Michigan State Board of Medicine. She is now serving her second term.

James M. Wilson, MD,
chief, division of molecular genetics and associate professor, internal medicine and biological chemistry, The University of Michigan Medical Center, is the recipient of the University's Henry Russel Award. The annual award, which carries a \$1,200 stipend, is given to young members of the faculty for scholarly achievement and promise. Doctor Wilson is principal investigator in the Experimental Models of Gene Therapy Program established at the U-M in 1990. He is heading the U-M research team that recently began human gene therapy for patients suffering from a lethal form of familial hypercholesterolemia which causes extremely high blood cholesterol levels. This will be the first approved human gene therapy trial to be conducted outside the National Institutes of Health and only the third in the nation.

John Kemink, MD,
has been named by Child magazine as one of the 10 best pediatric specialists in America. Kemink helped pioneer the cochlear implant. Doctor Kemink, a professor of otolaryngology, is director of

the cochlear implant program and of otology, neurotology and skull base surgery at the U-M Medical Center.

Charles Koopmann, Jr., MD,
associate professor of otolaryngology and director of pediatric otolaryngology, is president-elect of the Society for Ear, Nose and Throat Advances in Children. The national organization, comprising otolaryngologists, pediatricians, speech pathologists and audiologists, focuses on the evaluation and management of problems in children relating to infectious diseases, airway difficulties and speech, language and hearing disorders.

Charles R. Henry, MD,
is the new president of the Kent County Medical Society. Doctor Henry, an ear, nose and throat specialist, received his medical degree from the University of Michigan, took his internship at Blodgett Memorial Medical Center and residencies in general surgery and E-N-T at the University of California at San Francisco. He has been in practice in Grand Rapids since 1973.

Satish J. Shah, MD,
was recently awarded membership in The American College of Physician Executives, the nation's only educational and professional organization for physicians in medical management. Doctor Shah serves as medical director and solo practitioner at Marquette General Hospital, Marquette.

Five Michigan State University College of Human Medicine physicians

are among the nation's best, according to a new book published by Woodward/White, Inc., South Carolina. The book, *The Best Doctors in America*, cites these physicians: **Howard J. Dworkin, MD**, radiology clinical assistant professor, Flint; **Lanny Leo Johnson, MD**, surgery clinical professor, Lansing; **John M. MacKeigan, MD**, surgery clinical associate professor, Grand Rapids; and **W. Patrick Mazier, MD**, surgery clinical professor, Grand Rapids. The late **Ray E. Helfer, MD**, pediatrics and human development professor, was also named. ■

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If, in your medical judgment, your patient requires a diuretic in addition to ACCUPRIL at any time during ACCUPRIL therapy, Parke-Davis will refund your patient's cost of the diuretic.*†



New!
ACCUPRILTM
quinapril HCl tablets 10, 20, 40 mg

* See DOSAGE AND ADMINISTRATION section of prescribing information.

† If, after an adequate trial of ACCUPRIL alone, based on your medical judgment as the prescribing physician, you determine that your patient requires the addition of a diuretic, Parke-Davis will refund to the patient his/her cost for the diuretic prescription less any amount reimbursed or paid for by an HMO, insurance company, or any other plan or program.

For more details, ask your Parke-Davis Representative or call 1-800-955-3077.

‡ In some patients, the antihypertensive effect may diminish toward the end of the once-daily dosing interval. In such patients, an increase in dosage or twice-daily administration may be warranted.

ACCUPRIL is available in 10, 20, and 40 mg tablets. Usual initial starting dosage is 10 mg once daily.

ACCUPRIL is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Please see brief summary of prescribing information on following page.

Accupril® (Quinapril Hydrochloride Tablets)

Before prescribing, please see full prescribing information. A brief summary follows.

INDICATIONS AND USAGE

ACCUPRIL is indicated for the treatment of hypertension. It may be used alone or in combination with thiazide diuretics.

In using ACCUPRIL, consideration should be given to the fact that another angiotensin-converting enzyme (ACE) inhibitor, captopril, has caused agranulocytosis, particularly in patients with renal impairment or collagen vascular disease. Available data are insufficient to show that ACCUPRIL does not have a similar risk (see WARNINGS).

CONTRAINDICATIONS

ACCUPRIL is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

WARNINGS

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis, and larynx has been reported in patients treated with ACE inhibitors and has been seen in 0.1% of patients receiving ACCUPRIL. Angioedema associated with laryngeal edema can be fatal. If laryngeal stridor or angioedema of the face, tongue, or glottis occurs, treatment with ACCUPRIL should be discontinued immediately, the patient treated in accordance with accepted medical care, and carefully observed until the swelling disappears. In instances where swelling is confined to the face and lips, the condition generally resolves without treatment; antihistamines may be useful in relieving symptoms.

Where there is involvement of the tongue, glottis, or larynx likely to cause airway obstruction, emergency therapy including, but not limited to, subcutaneous epinephrine solution 1:1000 (0.3 to 0.5 mL) should be promptly administered (see ADVERSE REACTIONS).

Hypotension: Symptomatic hypotension was rarely seen in uncomplicated hypertensive patients treated with ACCUPRIL but, as with other ACE inhibitors, it is a possible consequence of therapy in salt/volume depleted patients, such as those previously treated with diuretics or dietary salt restriction or who are on dialysis (see PRECAUTIONS, DRUG INTERACTIONS, and ADVERSE REACTIONS). In controlled studies, syncope was observed in 0.4% of patients (N = 3203); this incidence was similar to that observed for captopril (1%) and enalapril (0.8%).

In patients with concomitant congestive heart failure, with or without associated renal insufficiency, ACE inhibitor therapy may cause excessive hypotension, which may be associated with oliguria or azotemia and, rarely, with acute renal failure and death. In such patients, ACCUPRIL therapy should be started at the recommended dose under close medical supervision. These patients should be followed closely for the first 2 weeks of treatment and whenever the dosage of antihypertensive medication is increased (see DOSAGE AND ADMINISTRATION).

If symptomatic hypotension occurs, the patient should be placed in the supine position and, if necessary, normal saline may be administered intravenously. A transient hypotensive response is not a contraindication to further doses; however, lower doses of ACCUPRIL or reduced concomitant diuretic therapy should be considered.

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression rarely in patients with uncomplicated hypertension, but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease such as systemic lupus erythematosus or scleroderma. Agranulocytosis did occur during ACCUPRIL treatment in one patient with a history of neutropenia during previous captopril therapy. Available data from clinical trials of ACCUPRIL are insufficient to show that, in patients without prior reactions to other ACE inhibitors, ACCUPRIL does not cause agranulocytosis at similar rates. As with other ACE inhibitors, periodic monitoring of white blood cell counts in patients with collagen vascular disease and/or renal disease should be considered.

Fetal/Neonatal morbidity and mortality: ACE inhibitors, including ACCUPRIL, can cause fetal and neonatal morbidity and mortality when administered to pregnant women.

When ACE inhibitors have been used during the second and third trimesters of pregnancy, there have been reports of hypotension, renal failure, skull hypoplasia, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios has been associated with fetal limb contractures, craniofacial deformities, hypoplastic lung development, and intrauterine growth retardation.

Prematurity and patent ductus arteriosus have been reported, although it is not clear whether these occurrences were due to the ACE-inhibitor exposure or to the mother's underlying disease. It is not known whether exposure limited to the first trimester can adversely affect fetal outcome.

A patient who becomes pregnant while taking ACE inhibitors, or who takes ACE inhibitors when already pregnant, should be apprised of the potential hazard to her fetus. If she continues to receive ACE inhibitors during the second or third trimester of pregnancy, frequent ultrasound examinations should be performed to look for oligohydramnios. When oligohydramnios is found, ACE inhibitors should generally be discontinued.

Infants with histories of in utero exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Hemodialysis and peritoneal dialysis have little effect on the elimination of quinapril and quinaprilat.

No fetotoxic or teratogenic effects were observed in rats at quinapril doses as high as 300 mg/kg/day (180 and 30 times the maximum daily human dose when based on mg/kg and mg/m², respectively), despite maternal toxicity at 150 mg/kg/day. Tested later in gestation and during lactation, reduced offspring body weight was seen at ≥ 25 mg/kg/day, and changes in renal histology (juxtaglomerular cell hypertrophy, tubular/pelvic dilation, glomerulosclerosis) were observed both in dams and offspring treated with 150 mg/kg/day. Quinapril was not teratogenic in the rabbit; however, as noted with other ACE inhibitors, maternal toxicity and embryotoxicity were seen in some rabbits at quinapril doses as low as 0.5 mg/kg/day (one time the recommended human dose) and 1.0 mg/kg/day, respectively.

PRECAUTIONS

General

Impaired renal function: As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including ACCUPRIL, may be associated with oliguria and/or progressive azotemia and rarely acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine have been observed in some patients following ACE inhibitor therapy. These increases were almost always reversible upon discontinuation of the ACE inhibitor and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy.

Some hypertensive patients with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when ACCUPRIL has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction and/or discontinuation of any diuretic and/or ACCUPRIL may be required.

Evaluation of hypertensive patients should always include assessment of renal function (see DOSAGE AND ADMINISTRATION).

Hyperkalemia and potassium-sparing diuretics: In clinical trials, hyperkalemia (serum potassium ≥ 5.8 mmol/L) occurred in approximately 2% of patients receiving ACCUPRIL. In most cases, elevated serum potassium levels were isolated values which resolved despite continued therapy. Less than 0.1% of patients discontinued therapy due to hyperkalemia. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with ACCUPRIL (see PRECAUTIONS, Drug Interactions).

Surgery/anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, ACCUPRIL will block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Information for Patients

Angioedema: Angioedema, including laryngeal edema, can occur with treatment with ACE inhibitors, especially following the first dose. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to stop taking the drug until they have consulted with their physician (see WARNINGS).

Symptomatic hypotension: Patients should be cautioned that lightheadedness can occur, especially during the first few days of ACCUPRIL therapy, and that it should be reported to a physician. If actual syncope occurs, patients should be told to not take the drug until they have consulted with their physician (see WARNINGS).

All patients should be cautioned that inadequate fluid intake or excessive perspiration, diarrhea, or vomiting can lead to an excessive fall in blood pressure because of reduction in fluid volume, with the same consequences of lightheadedness and possible syncope.

Patients planning to undergo any surgery and/or anesthesia should be told to inform their physician that they are taking an ACE inhibitor.

Hyperkalemia: Patients should be told not to use potassium supplements or salt substitutes containing potassium without consulting their physician (see PRECAUTIONS).

Accupril® (Quinapril Hydrochloride Tablets)

Neutropenia: Patients should be told to report promptly any indication of infection (eg, sore throat, fever) which could be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with ACCUPRIL is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions

Concomitant diuretic therapy: As with other ACE inhibitors, patients on diuretics, especially those on recently instituted diuretic therapy, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with ACCUPRIL. The possibility of hypotensive effects with ACCUPRIL may be minimized by either discontinuing the diuretic or cautiously increasing salt intake prior to initiation of treatment with ACCUPRIL. If it is not possible to discontinue the diuretic, the starting dose of quinapril should be reduced (see DOSAGE AND ADMINISTRATION).

Agents increasing serum potassium: Quinapril can attenuate potassium loss caused by thiazide diuretics and increase serum potassium when used alone. If concomitant therapy of ACCUPRIL with potassium-sparing diuretics (eg, spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes is indicated, they should be used with caution along with appropriate monitoring of serum potassium (see PRECAUTIONS).

Tetracycline and other drugs that interact with magnesium: Simultaneous administration of tetracycline with ACCUPRIL reduced the absorption of tetracycline by approximately 28% to 37%, possibly due to the high magnesium content in ACCUPRIL tablets. This interaction should be considered if coprescribing ACCUPRIL and tetracycline or other drugs that interact with magnesium.

Lithium: Increased serum lithium levels and symptoms of lithium toxicity have been reported in patients receiving concomitant lithium and ACE inhibitor therapy. These drugs should be co-administered with caution, and frequent monitoring of serum lithium levels is recommended. If a diuretic is also used, it may increase the risk of lithium toxicity.

Other agents: Drug interaction studies of ACCUPRIL with other agents showed:

- Multiple dose therapy with propranolol or cimetidine has no effect on the pharmacokinetics of single doses of ACCUPRIL.
- The anticoagulant effect of a single dose of warfarin (measured by prothrombin time) was not significantly changed by quinapril coadministration twice-daily.
- ACCUPRIL treatment did not affect the pharmacokinetics of digoxin.
- No pharmacokinetic interaction was observed when single doses of ACCUPRIL and hydrochlorothiazide were administered concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Quinapril hydrochloride was not carcinogenic in mice or rats when given in doses up to 75 or 100 mg/kg/day (50 to 60 times the maximum human daily dose, respectively, on a mg/kg basis and 3.8 to 10 times the maximum human daily dose when based on a mg/m² basis) for 104 weeks. Female rats given the highest dose level had an increased incidence of mesenteric lymph node hemangiomas and skin/subcutaneous lipomas. Neither quinapril nor quinaprilat were mutagenic in the Ames bacterial assay with or without metabolic activation. Quinapril was also negative in the following genetic toxicology studies: *in vitro* mammalian cell point mutation, sister chromatid exchange in cultured mammalian cells, micronucleus test with mice, *in vitro* chromosome aberration with V79 cultured lung cells, and in an *in vivo* cytogenetic study with rat bone marrow. There were no adverse effects on fertility or reproduction in rats at doses up to 100 mg/kg/day (60 and 10 times the maximum daily human dose when based on mg/kg and mg/m², respectively).

Pregnancy

Pregnancy Category D: See WARNINGS, Fetal/Neonatal morbidity and mortality.

Nursing Mothers

It is not known if quinapril or its metabolites are secreted in human milk. Quinapril is secreted to a limited extent, however, in milk of lactating rats (5% or less of the plasma drug concentration was found in rat milk). Because many drugs are secreted in human milk, caution should be exercised when ACCUPRIL is given to a nursing mother.

Geriatric Use

Elderly patients exhibited increased area under the plasma concentration time curve (AUC) and peak levels for quinaprilat compared to values observed in younger patients; this appeared to relate to decreased renal function rather than to age itself. In controlled and uncontrolled studies of ACCUPRIL where 918 (21%) patients were 65 years and older, no overall differences in effectiveness or safety were observed between older and younger patients. However, greater sensitivity of some older individual patients cannot be ruled out.

Pediatric Use

The safety and effectiveness of ACCUPRIL in children have not been established.

ADVERSE REACTIONS

ACCUPRIL has been evaluated for safety in 4960 subjects and patients. Of these, 3203 patients, including 655 elderly patients, participated in controlled clinical trials. ACCUPRIL has been evaluated for long-term safety in over 1400 patients treated for 1 year or more.

Adverse experiences were usually mild and transient.

Discontinuation of therapy because of adverse events was required in 4.7% of patients treated with ACCUPRIL in placebo-controlled hypertension trials.

Adverse experiences probably or possibly related to therapy or of unknown relationship to therapy occurring in 1% or more of the 1563 patients in placebo-controlled hypertension trials who were treated with ACCUPRIL are shown below.

Adverse Events in Placebo-Controlled Trials

	ACCUPRIL (N = 1563) Incidence (Discontinuation)	Placebo (N = 579) Incidence (Discontinuation)
Headache	5.6 (0.7)	10.9 (0.7)
Dizziness	3.9 (0.8)	2.6 (0.2)
Fatigue	2.6 (0.3)	1.0
Coughing	2.0 (0.5)	0.0
Nausea/Vomiting	1.4 (0.3)	1.9 (0.2)
Abdominal Pain	1.0 (0.2)	0.7

Clinical adverse experiences probably or possibly related, or of uncertain relationship to therapy, occurring in 0.5% to 1.0% (except as noted) of the patients treated with ACCUPRIL (with or without concomitant diuretic) in controlled or uncontrolled trials (N = 4397) and less frequent, clinically significant events seen in clinical trials or post-marketing experience (the rarer events are in italics) include (listed by body system):

General: back pain, malaise

Cardiovascular: palpitation, vasodilation, tachycardia, heart failure, hyperkalemia, myocardial infarction, cerebrovascular accident, hypotensive crisis, angina pectoris, orthostatic hypotension, cardiac rhythm disturbances

Gastrointestinal: dry mouth or throat, constipation, gastrointestinal hemorrhage, pancreatitis, abnormal liver function tests

Nervous/Psychiatric: somnolence, vertigo, syncope, nervousness, depression

Integumentary: increased sweating, pruritus, exfoliative dermatitis, photosensitivity reaction

Urogenital: acute renal failure

Other: myopia, pharyngitis, sinusitis, bronchitis, agranulocytosis, thrombocytopenia

Angioedema: angioedema has been reported in patients receiving ACCUPRIL (0.1%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with ACCUPRIL should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Clinical Laboratory Test Findings

Hematology: (See WARNINGS)

Hyperkalemia: (See PRECAUTIONS)

Creatinine and blood urea nitrogen: Increases (>1.25 times the upper limit of normal) in serum creatinine and blood urea nitrogen were observed in 2% and 2%, respectively, of patients treated with ACCUPRIL alone. Increases are more likely to occur in patients receiving concomitant diuretic therapy than in those on ACCUPRIL alone. These increases often remit on continued therapy.

* In some patients, the antihypertensive effect may diminish toward the end of the once-daily dosing interval. In such patients, an increase in dosage or twice-daily administration may be warranted.



MSMS Reimbursement Roundup

By Joyce Nurenberg

MSMS REIMBURSEMENT OMBUDSMAN



Reimbursement Roundup addresses third party payer reimbursement issues affecting physician practices. Comments and problems brought to the attention of the Reimbursement Ombudsman are routinely shared with the Liaison Committee with Blue Cross Blue Shield of Michigan and its Subcommittee on Medicare Carrier Problems.

Determining year of practice

Intensive lobbying and grassroots activities by Michigan State Medical Society and the American Medical Association are in progress to eliminate the new physician reductions.

However, for Medicare services delivered January 1, 1992 and after, every physician, in a group practice or not, is subject to payment reductions in their first through fourth years of practice for services other than those comprising primary care and those performed in a Health Manpower Shortage Area.

Therefore, physicians have asked at many of the RBRVS seminars MSMS has given throughout the state: "Does the physician's first year begin with the date of licensure or the date of entering practice?" "Is moonlighting considered and how is it counted?"

There are many physicians asking these questions. For the period between April 1, 1988, until December 31, 1991, those in group practices, regardless of the year in practice, were immune from the reductions, and were paid as established physicians. Those who were not part of a group practice have been subject to the reductions all along.

Effective with January 1992 dates of service, the carrier must access past charge data of those in group practices to determine their year of practice on an individual basis.

Back on April 1, 1988, the Health Care Financing Administration gave carriers instructions to measure a physician's years in practice using charge data submitted during a specific period, and then to pay an increasing percentage of the established physician's fee schedule as the years in practice increased. A physician received 80 percent of the fee schedule in the first year, 85 percent the second year, 90 percent the third year, and 95 percent the fourth year. The fifth year the physician was considered an established physician by Medicare's payment policy. This payment schedule remains the same to date. Prior to April 1, 1988, all physicians were paid the same.

When a physician first begins to provide and bill Medicare Part B services under his/her own provider identification number, the physician creates what is called "charge data."

This begins when a physician enters practice or satisfies moonlighting requirements (see definition below). This charge data is used by the carrier to establish the first year of practice. *Once the first year is satisfied, additional years of practice are automatically calculated at the same time as the fees are updated across the board.* In the past this date varied, but with Physician Payment Reform, it is expected to routinely happen January 1. Since subsequent years of practice are automatically updated, I will concen-

trate on examples to illustrate completing the first year of practice. Remember that the charge data period or "pull period" used by the carrier begins July 1 through June 30. Charge data is assumed to be information held in Medicare's files. This is not to be confused with claim submission dates, as the time from submission and the date of record on Medicare's files may be different. Once the charge data requirement is satisfied, the first year of practice ends December 31 after the applicable charge or "pull period" in a given year. (For simplicity, we will assume that the end of the practice year is December 31 of a given year and the beginning of the next practice year is January 1. 1990 was the year in which fees were frozen for the first three months and therefore a physician was not updated to his/her subsequent year of practice until April 1, 1991.)

In 1988, HCFA required three months of charge data. A physician who billed services from April 1, 1988, through June 30, 1988, established the three months required charge data on June 30, 1988 and, therefore, would have satisfied the first year ending December 31, 1988. The pull period ended June 30, 1988. The required charge data was evident and so the physician satisfied the first practice year in the same year he/she began.

Effective January 1, 1991, (pull period July 1, 1989 through June 30, 1990) HCFA changed its regulations to require six months of charge data rather than three months.

Continued on following page

Reimbursement Roundup

Continued from page 19

A new physician would need to have six months of charge data recorded in the period of July 1, 1989 through June 30, 1990. Since this requirement, in order to satisfy the first year of practice in the same year as he/she began, a physician would have to establish charge data in each month January through June of a given year.

Using the same period July 1, 1989, through June 30, 1990, if a physician *established charge data beginning in February* of 1990, Medicare would not have the required six months data by the pull period ending June 30, 1990, and therefore, a physician would have to begin again with the next pull period of July 1, 1990, through June 30, 1991. A physician has the entire 12-month period until June 30, 1991, to establish six months charge data to satisfy the first practice year ending December 1991.

Still using the above "pull period" of July 1, 1990, through June 30, 1991, if a physician established six months charge data from July 1, 1990, through December 31, 1990, he/she would satisfy the first practice year ending December 31, 1991. This is because although there was six months charge data, the update is done once a year December 31 following the end of the pull period (i.e. June 30, 1991). The second year then would begin January 1, 1992.

There is no quota of claims that must be received by Medicare in any given month.

Those who have practiced out-of-state prior to practicing in Michigan should provide the information to Medicare in order to establish the proper year of service.

Those who leave for military service after charge data has been satisfied for the above period, they shall be updated to the second, third and fourth year status automatically. Those who leave before charge data

have been established will not satisfy their first year until there is charge data during the above "pull period."

Moonlighting services count

The following definitions are taken from the Medicare Carrier Manual.

In general, for Medicare's purpose, interns and residents include physicians participating in approved postgraduate training programs and physicians who are not in approved programs but who are authorized to practice only in a hospital setting. Where a senior resident has a staff or faculty appointment or is designated, for example, a "fellow," it *does not* change the resident's status for the purpose of Medicare coverage and payment. A physician does not build charge data in the situations above.

Moonlighting, however, does count and is considered the same as explained above. If the moonlighting requirements are satisfied and a physician is billed under his own provider number, charge data would be established. Then, once again, the necessary amount of charge data in the corresponding "pull period" would be considered in determining the contribution of moonlighting towards satisfying the first year of practice.

Moonlighting defined

Moonlighting is defined as medical and surgical services furnished by interns and residents *outside* the scope of an approved training program and performed outside the facility of their training program. They are covered as physicians' services and paid on a reasonable charge basis where the requirements in the first two categories below are met.

Services not related to the training program but that are performed in an outpatient department or emergency room of the hospital

where the physicians have their training program, are also covered as physician services if the following criteria are met:

- the services are identifiable physician services, the nature of which requires performance by a physician in person and which contributes to the diagnosis or treatment of the patient's condition;

- the intern or resident is fully licensed to practice medicine, osteopathy, dentistry or podiatry by the state in which the services are performed; and

- the services performed can be separately identified from those services that are required as part of the training program.

When these criteria are met, the services are considered to have been furnished by the individuals in their capacity as physicians and not in their capacity as interns and residents. When services are provided under the above conditions, one builds charge data that can be used towards satisfying the first year of practice in the Medicare program.

If you feel new physician status is incorrect, you should contact the BCBSM, Benefits and Reimbursement - 1502, Detroit, MI 48226-2998.

Primary care services defined

All new physicians—those who are in their first four years of practice—are subject to the new physician reductions for services, except for "primary services." Primary services that are not subject to reductions include:

- ophthalmology codes (92002, 92004)
- office visits (codes 99201-99215)
- emergency dept visits (99281-99285)
- nursing home visits (99301-99313)
- home visits (99341-99353)
- rest home visits (99321-99333)

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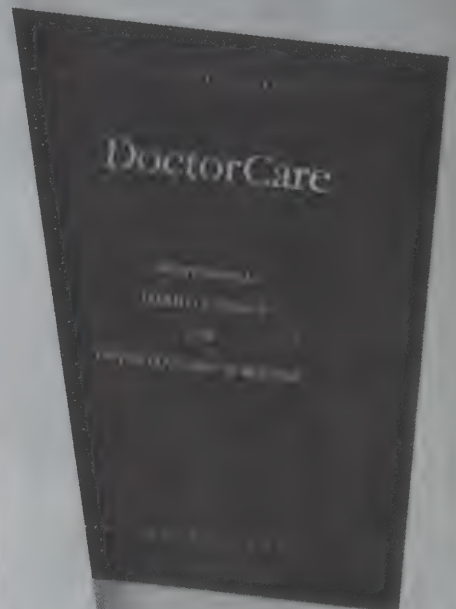
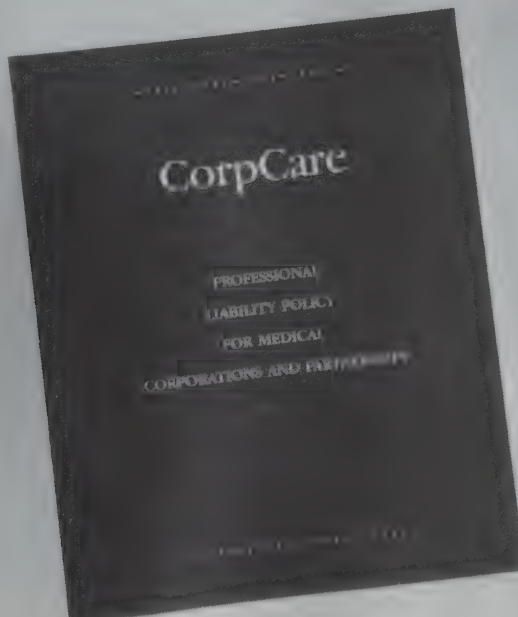
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PUBLIC HEALTH ISSUES

BY RALPH D. WARD

In a recent MSMS survey, MSMS members ranked public health as one the top five issues of major concern to Michigan physicians. Tobacco use, chronic illness, and HIV-infected health care workers comprise some of the major public health issues facing physicians and patients in Michigan. Following is a brief examination of each of these issues. Also included is a brief discussion of medical doctors as public health directors. Should all public health directors be medical doctors? This question is addressed in this cover story.)





TOBACCO

FIGHTING BACK WITH TAXES

It has been called both a lifesaver that can help cut the state budget deficit, and the most regressive form of taxation. A sharp increase in the rate at which tobacco products are taxed in Michigan is in the works, but not without controversy.

The concept of using high taxes to lessen sales of tobacco products, while better reimbursing the public for the real human costs of tobacco use, is not new. According to Ron Davis, MD, chief medical officer, Michigan Department of Public Health, the textbook example is Canada, where federal and provincial taxes boost cigarette prices as high as seven dollars per pack. "The result has been sharp declines in sales" says Doctor Davis. In California, a more modest increase of 25 cents per pack has also been successful, with a noticeable drop in sales.

Using tax policy to cut tobacco consumption has gained public support of late, and a new group, the Ad Hoc Tobacco Tax Coalition, has formed to boost the idea. The group encompasses more than 50 health organizations, including MSMS, and has made legislation to increase Michigan tobacco taxes a goal. Proposals to do this are now in the legislature, introduced by Rep. Perry Bullard and William Bryant in the House and by Sen. John Schwarz in the Senate. The bills will establish a uniform state tax on all tobacco products. Such an ad

valorum tax would be a radical departure from current law, which taxes only cigarettes and leaves such products as chewing tobacco and cigars untaxed. The bill would assign a tax at 48 percent of wholesale price, effectively doubling the present tax on cigarettes from approximately 25 cents per pack to 50 cents.

Doctor Davis sees impressive payoffs from the increased levies. "We estimate that the increase itself would result in Michigan having 71,000 fewer smokers, and could result in the saving of 18,000 lives." Even with the drop in smoking, proponents predict that the law would raise an extra \$230 million yearly in revenue.

Opposition to the proposals comes largely from tobacco industry groups. Aside from the libertarian arguments against policies that may have a paternalistic effect, opponents point out that tobacco use is most common among Michigan's lower income groups. Any increase in tobacco taxes, therefore, would have its most severe impact on those least able to pay - hence, a highly regressive form of taxation.

But supporters of the increase point to public support for anti-smoking measures. "A recent poll found 70 percent of the state's population would support a 20 percent increase in tobacco taxes" says Doctor Davis. The prospects look good for action on the bills this year. ■

SMOKING SURVEY RESULTS ALARMING, MDPH REPORTS

Results of the 1990 Michigan Behavioral Risk Factor Survey on Cigarette Smoking in Michigan — released in January — indicate the apparent trend of cigarette smoking among Michigan adults has been increasing since 1988. Other findings indicate:

- Michigan now has the second worst cigarette smoking prevalence rate in the nation, according to the Centers for Disease Control. Michigan is surpassed only by the tobacco growing state of Kentucky.

- In 1990, 29.2 percent of all Michigan adults 18 and older were smokers. Thus, over 1.9 million Michiganders are putting themselves at serious risk for heart attack, stroke, lung cancer and emphysema.

- Michigan males are smoking at the rate of 32.2 percent and Michigan females at the rate of 26.4 percent. Although the percentage of women who are smoking is less than men, women are quitting at a lower rate than men.

- Cigarette smoking is the chief preventable cause of death in Michigan, resulting in over 15,300 deaths each year.

- Smoking among pregnant women is responsible for 10 percent of Michigan's infant death problem.

- Michigan is ranked by the Centers of Disease Control as being "dead last" in combined death rates for all chronic diseases. Michigan's high rates of cigarette smoking are the chief reason for our abnormally high levels of mortality from coronary heart disease, lung cancer, and chronic obstructive pulmonary disease.

- There is solid evidence that no matter how long someone has smoked, quitting will reduce the risk of developing heart disease.

- Seventy percent of all current smokers would like to quit. Free self-help materials are available by calling the Health Promotion Clearinghouse Hotline at 1-800-537-5666 or by contacting local chapters of the American Cancer Society, American Lung Association or American Heart Association.



CHRONIC ILLNESS

LIVING DANGEROUSLY IN MICHIGAN

Michigan is a dangerous place to live. Through a unique combination of lifestyle factors, our state's major chronic disease death rate is the highest in the nation. Heart disease, lung disease and cancer, when totalled, take their greatest toll here. No one knows precisely why. Douglas A. Mack, MD, MPH, public health director for Kent County, cites Michigan's overall poor record in public health investment. "We have not invested as a state to try and prevent these conditions in our citizens. We must invest in prevention rather than remediation, working upstream rather than downstream."

Yet many of the risk factors afflicting Michigan must be blamed squarely upon Michiganders themselves. The latest MDPH Health Risk Behaviors study shows that chronic heavy drinking rates, overweight, smoking, and high blood pressure are higher, often significantly, than in other states. Although the major causes of death in Michigan closely follow national averages, heart disease, diabetes mellitus, liver disease (including cirrhosis) and homicide rates are higher.

"Michigan's problems are linked to our lifestyle," says MDPH's Ronald

Davis, MD. "It turns out that we have a higher rate of behavior risk than other states." This explains the behaviors, and their results in higher mortality, but what explains the causation? Some authorities believe that Michigan's population, which is proportionately more blue collar than in even our surrounding industrial states, is a factor. Blue collar families tend toward higher rates of poor health behaviors, such as smoking, drinking and overweight, and factory work brings interaction of these lifestyles with occupational risks. Long-term declines in manufacturing, especially the auto industry, further aggravate this situation. Job losses result in poor or nonexistent health care, depression, and increases in such health busters as alcohol and drug use. The tobacco industry seems to have targeted Michigan "disproportionately" for its marketing efforts, according to Doctor Davis. "The industry is spending about \$3.6 billion to market cigarettes, up to \$150 million of it in Michigan," he adds. In summary, the root of Michigan's high chronic disease mortality rate is at once simple and complex. Simple because we know the causes and cures. Complex, however, because the problem is ourselves. ■

CHRONIC DISEASE

The Centers for Disease Control (CDC) released a study in 1990 which reported mortality rates for nine chronic diseases by state. Michigan ranked first in deaths for the nine diseases in 1986. The diseases considered in the study were stroke, coronary heart disease, diabetes, chronic obstructive pulmonary disease, lung cancer, female breast cancer, cervical cancer, colorectal cancer, and chronic liver disease and cirrhosis. Michigan's combined mortality rate for these nine diseases was 483 deaths per 100,000 population. The lowest mortality rate was in Hawaii at 305 per 100,000 population. The comparable mortality rate for the United States was 427 per 100,000. These diseases accounted for 52% of all deaths in the U.S. in 1986.

Mortality Rates from Nine Chronic Diseases Surrounding States

	U.S. Rank	Mortality Rate*
Michigan	1	483
Ohio	4	469
Indiana	8	459
Illinois	11	455
Pennsylvania	15	446
Wisconsin	31	406

*per 100,000 population

MAJOR RISK FACTORS INCREASING

Five major risk factors for chronic disease have increased or remained stable in Michigan since 1987, according to the Michigan Department of Public Health.

■ Over one quarter (26.5 percent) of the 1990 MDPH Behavioral Risk Factor Survey (BRFS) respondents were classified as being over their ideal weight: 17.2 percent were moderately overweight and 9.3 percent were very overweight. Since 1987 there has been a 3.8 percentage point increase in the proportion of BRFS respondents who were over ideal weight as defined by body mass index.

■ Twenty-nine percent (29.2 percent) of respondents reported that they currently smoked cigarettes and 25.5 percent reported that they formerly smoked cigarettes. The prevalence of smoking in Michigan as measured by the BRFS has not significantly changed between 1987 and 1990.

■ About 20 percent (19.4 percent) of the respondents were classified as having current high blood pressure. The prevalence of current high blood pressure has remained approximately the same in Michigan as measured by the BRFS, since 1987.

■ Twenty-seven percent of those who reported to have had their cholesterol checked had been told by a health professional that their cholesterol level was high. (68.5 percent of the population had ever had their cholesterol checked.) Since 1988, the proportion of those tested who have been told that their cholesterol was high has remained stable.

■ Fifty-seven percent of the 1990 BRFS respondents were classified as being at risk for developing chronic diseases due to their sedentary lifestyle. There has been no consistent trend in the prevalence of sedentary lifestyle since 1988.



HIV AND HEALTH CARE WORKERS

The infection of several dental patients in Florida by their HIV positive dentist has triggered national concern on the issue of HIV testing for health care providers. Yet, according to health professionals who have studied the matter, much of the fear is overblown. Last year the MDPH convened an Ad Hoc Committee on HIV Infected Health Care Workers, and the committee's findings were released late in 1991.

According to MDPH Chief Medical Officer Ronald Davis, MD, the 30-member committee departed somewhat from federal Centers for Disease Control recommendations released earlier in the year. Member Davis observes: "We've emphasized more training, universal precautions, and more professional education." The MDPH report discovered that verifiable incidents of patient infection by HIV positive health care workers are remarkably rare. At a minimum, one out of every 41,600 surgical procedures nationwide results in a case of HIV infection, and there are indications that the rate is actually far

lower. Research by the committee found that Michigan infection rates were likely in line with the national numbers. "At most there are a couple of dozen (health care) infections (in Michigan)," says Davis.

The MDPH report takes a somewhat controversial stand against mandatory testing for health care workers. The report finds it likely that HIV testing for those in health care would bring reciprocal required testing of patients, who are much more likely to be HIV positive. Therefore, the report concludes, we should assume that mandatory testing would be a two-way street, which would present many long-term dangers. First, there is concern over the possible loss of health care workers, either from those in health care unwilling to risk their own infection, or black-listed from the profession due to their own HIV status. The danger of false positive tests is also cited. The concept of a patient "right to know" on the HIV status of their providers is discredited in the report as not being "reasonable." ■

**Guidelines of
Ad Hoc Committee**



PHYSICIANS ONLY FOR PUBLIC HEALTH DIRECTORS?

The issue of public health as a recognized health specialty has an interesting history. According to Kent County Public Health Director Douglas A. Mack, MD: "If we refer to history, public health is the second oldest medical subspecialty, after surgery." Yet at the local level, there remains dissention over exactly who should be qualified to serve as a public health director, and how much authority they should have.

Present state law recognizes two possible arrangements for filling the local public health function. A medical health officer, who must be a physician, can head the local health department, with a public health administrator as deputy. A second alternative is the administrative health officer, a non-

physician, who would have a medical director as deputy. There are public health jurisdictions in Michigan, 26 using the first (physician) system, 12 the second (non-physician) system, and the rest using a shared or combination system.

The MDPH's Doctor Davis sees no distinct advantage to having a physician in charge of the public health function. "We aren't indicating any preference. Both systems work well, and there are good arguments in favor of both." But there are other voices saying that physicians should be required as public health directors. Doctor Mack observes: "It's incumbent to maintain a high level of training, and to have physician input on policy. Without training, it would be difficult for me to carry out public health functions." ■



GUIDELINES FOR HEALTH CARE WORKERS

Universal Precautions

1. All Health Care Workers (HCWs) must adhere to universal precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments, to prevent the transmission of blood-borne infections. HCWs must comply with current guidelines for disinfection and sterilization of reusable devices used in invasive and exposure-prone procedures.

2. HCWs who have exudative lesions or weeping dermatitis of the hands, forearms, or other locations that may contact patients should refrain from performing all invasive or exposure-prone procedures, and from handling patient-care equipment and devices used in performing invasive or exposure-prone procedures until the condition resolves.

Training

3. Training of HCWs in proper infection control technique should begin in professional and vocational schools. All HCWs should receive training on barrier techniques, universal precautions, and other scientifically accepted infection control practices. Ongoing training, at least annually, should be conducted to continually reinforce proper infection control practices and to inform practitioners of any new infection control procedures and devices.

Medical Devices

4. All manufacturers of medically-related devices should develop, as a priority, engineering controls, medical devices and procedures that further reduce the risk of exposure to the blood and body fluids of either the patient or the HCW.

HIV Testing And Confidentiality

5. Routine or mandatory HIV testing of all HCWs, or even specific categories of HCWs,

is not recommended, nor should it be a requirement for employment, credentialing, licensure, or insurance.

6. All HCWs are encouraged to undergo personal assessments to determine their need for HIV testing. Testing must be on a voluntary basis. These assessments should include known high-risk behaviors as well as risks associated with health care-related occupational exposure. If they are at risk, HCWs should learn their HIV status to protect and improve their health and to receive appropriate counseling.

7. All confidentiality laws shall be followed to protect the identity of HIV-infected HCWs and patients.

8. Whenever clearly documented exposures to blood and other internal bodily fluids occur between HCWs and patients, counseling and written informed consent should always be requested prior to HIV testing. A HCW who exposes a patient to his or her blood/body fluid is ethically bound to inform the patient of this exposure and to undergo testing as appropriate.

In situations where a patient has been exposed to the blood or body fluid of a HCW, the patient has a right to know the HIV status of the HCW in order to make decisions regarding appropriate prophylaxis and follow-up care.

Guidance For HIV-Infected Health Care Workers

9. All HIV-infected health care workers are encouraged to seek counseling from their personal physician, as needed, to better understand the prevention of HIV transmission and to receive advice on appropriate special precautions. In addition, infected HCWs:

- should seek appropriate medical care and periodic evaluation of health status, counseling on the advisability of continuing to work in the health care setting, and information on safer sex and partner notification; and
- must inform their physician and/or health care facility when there is significant risk of compromised patient care.

10. In general, limiting the practice of HIV-

infected HCWs is inappropriate given the extremely low risk of HIV transmission from HCW to patient as well as the negative consequences of practice restrictions. The practice of an infected HCW should be evaluated by his or her physician and modified only if there is clear evidence that the HCW poses a risk of transmitting HIV through an inability to meet basic infection control standards, personal medical conditions, evidence of previous transmission of blood-borne infections, or because the HCW is functionally unable to care for patients.

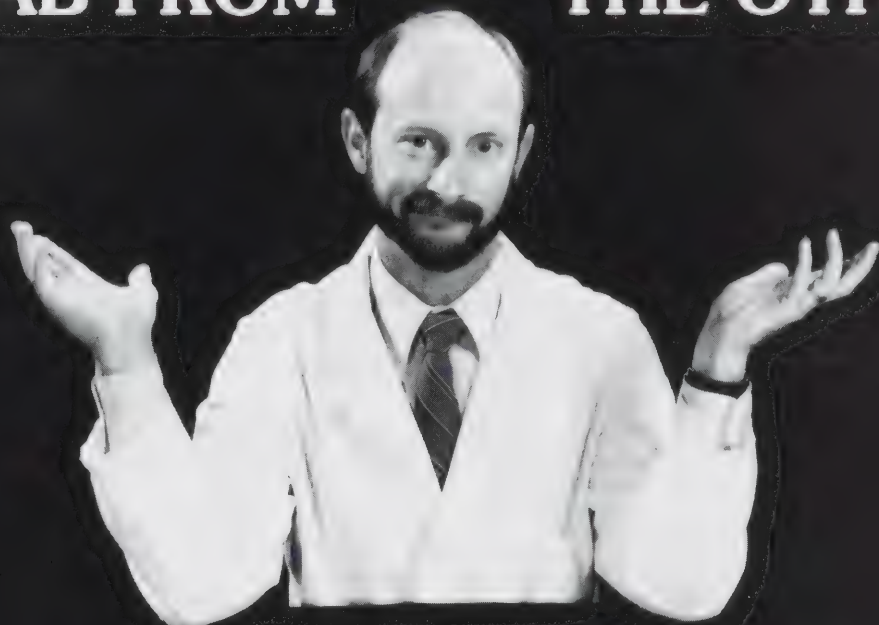
11. All infected HCWs who perform invasive or exposure-prone procedures should practice only after the evaluation, and with continued monitoring, by their personal physician and/or under recommendations of public health officials, expert panels, or in compliance with institutional policies, consistent with these recommendations.

12. HCWs who modify their practices because of HIV infection should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling and job retraining should be encouraged to promote the continued use of the HCW's talents, knowledge, and skills.

Notification of HCW HIV Status

13. The public health benefit of notification of patients treated by an infected HCW has not been documented. When an infected HCW's HIV serostatus becomes known, any notification of patients should be considered on a case-by-case basis taking into consideration whether exposure has occurred, an assessment of specific risks, confidentiality issues, and available resources. Any decision to notify patients should be made in consultation with local and state public health officials and the infected HCW, if available. When appropriate, carefully designed studies may be indicated to provide further information on the risk of transmission. ■

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Medicaid Managed Care Comes of Age

By Janeile Cannon

"The salvation of the world is in man's suffering."

— William Faulkner

Undoubtedly, a whole lot of suffering is going on in the field of health care. Doctors are suffering high medical liability rates, paperwork, regulation and low reimbursement rates. Patients are suffering high insurance costs and barriers to health care. Insurers are suffering escalating costs, litigation and low investment returns. Finally, government is suffering from increased needs and loss of revenues.

Maybe Faulkner recognized suffering as fertile ground holding the seeds of opportunity and growth. Now is the time to feed and water those seeds, for we have reached a truly cathartic moment in medicine.

This moment has not been unexpected, however. In 1981, the issues of cost and patient accessibility were posed to the Michigan State Medical Society and others by the Legislature and Medical Services Administration (MSA), for creative solutions. Brought back to the table was the Physician Sponsor Plan (PSP). Designed to control costs and provide continuing care to the state's Medicaid recipients, the program is now a central part of the State's Medicaid Managed Care program.

"Designed to control costs and provide continuing care to the state's Medicaid recipients, the (Physician Sponsor Plan) is now a central part of the State's Medicaid Managed Care program."

Sally Hetrick, manager of the Medicaid Managed Care program, points out the strong attributes of the PSP. "It's a first-class example of the private and public sectors collaborating toward a common goal," says Hetrick. "It works for providers, government and it also works for patients — it has a very positive outcome for everyone."

Medicaid Managed Care consists of three health care programs: the Physician Sponsor Plan (PSP), Health Maintenance Organizations (HMO) and in some areas, the Clinic Plan. Adaptations of these basic programs are being planned for special populations with issues of infant mortality, substance abuse, AIDS and other specific needs.

The concept of managed care has now come of age in Michigan. Plans to expand the system into all 83 counties continue with contracting of providers throughout 1992, enrolling recipients in 1993 and full enrollment by the end of 1994. The PSP network of care is currently operating in Wayne, Genesee and Marquette counties with 1,150 providers, 100,000 clients and much success.

Under the PSP, each patient selects a primary care physician who becomes the client's physician sponsor. The sponsor either directly renders or authorizes most medical services. Some services do not require authorization; these are: emergency services, hearing, vision, family planning services obtained at a family planning clinic, nurse midwife and dental. Radiology, pathology and pharmacy services do not require a direct authorization but must be ordered by a physician and the physician must have an authorization.

Continued on following page

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Continued from page 29

The sponsor receives a case management fee of \$3 per month per enrolled recipient (to a maximum of \$3,000 per month). This fee is to offset the cost of maintaining a 24-hour access system, reviewing periodic utilization reports and establishing a referral system. The selected sponsor's name appears on the client's Medicaid card and remains there until either the sponsor or the client requests a change. The physician is not required to accept any specified number of Medicaid recipients.

Benefits of PSP range in scope from immediate to long-range. Providers enjoy a strengthened doctor-patient relationship and a sense that the client is "their patient." The \$3 case management fee, while not large, does serve to offset lower Medicaid reimbursement rates and recognizes the doctor's case management commitment. Physicians also maintain control over patient medications and help eliminate over-utilization of services. Patients like the security of having 24-hour a day access to their own physician. Government's goals of cost-effectiveness, quality and access to care for recipients are advanced.

In a recent evaluation by Health Management Associates of Lansing, it was found that cost containment, access and quality can and do go hand-in-hand. Some principle findings include:

- Medical care costs for PSP patients were 10.8% lower than for patients in traditional fee - for - service arrangements.
- PSP recipients had higher rates of ambulatory visits.
- PSP hospital utilization rates were measurably lower.
- PSP emergency room use was substantially lower.
- Access to a continuum of quality care was ensured.

As taxpayers, physicians recognize that PSP is part of a system dedicated to wise use of revenues. As healers, doctors know the earlier you ask where it hurts, the sooner and often less expensively, healing can occur. Physician sponsors are making a difference by providing quality, cost effective care. Become a physician sponsor by contacting: Sally Hetrick, manager, Physician Sponsor Plan, Medical Services Administration, Post Office Box 30037, Lansing, Michigan 48909, or call: (517) 335-5537 or 1-800-642-3189. ■

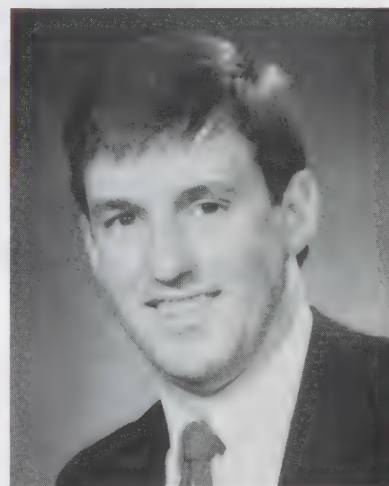
Janeille Cannon is department technician, Medicaid Services Administration.

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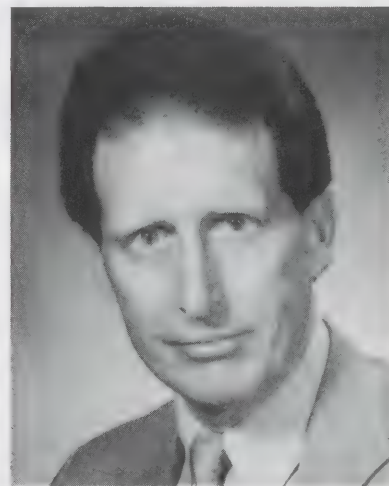
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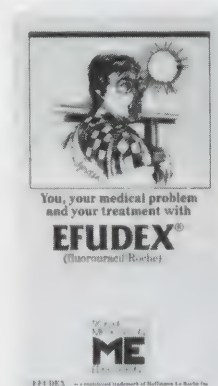
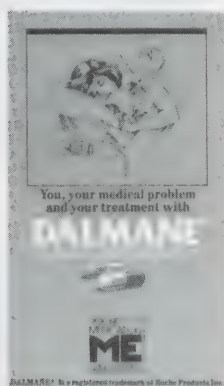
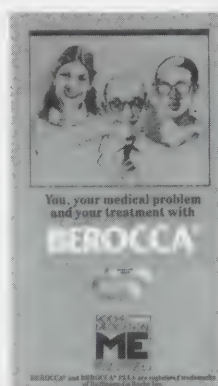


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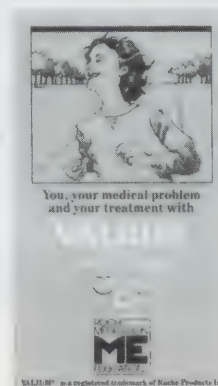
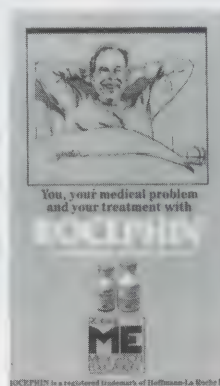
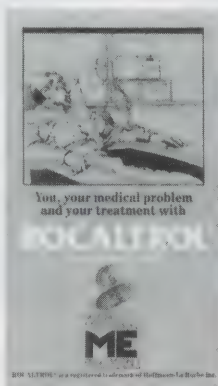
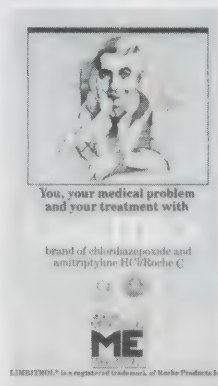
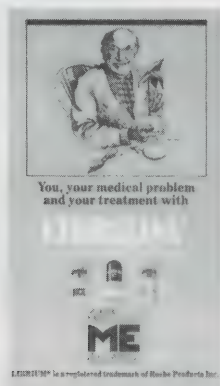
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The Public Accommodation Provisions of THE AMERICANS WITH DISABILITIES ACT:

A Guide for Health Care Professionals

By Thomas R. Williams
Kerr, Russell and Weber

Q: What is the Americans With Disabilities Act?

A: The Americans With Disabilities Act (ADA) is a comprehensive, anti-discrimination statute which was signed by President Bush on July 26, 1990. The ADA guarantees disabled individuals fair employment practices and equal access to a variety of critical services. The law has five major sections or titles. Title I prohibits discrimination in employment. Titles II through IV pertain to nondiscrimination in public services, public accommodations and telecommunications respectively. Title V covers miscellaneous issues. This Guide will focus primarily on Title III, dealing with public accommodations, since hospitals and professional offices of health care providers are specifically defined as "public accommodations" in the ADA.

Discrimination Prohibitions

Q: What kinds of discrimination are prohibited by Title III?

A: Title III of the ADA guarantees to persons with disabilities access to privately operated places of public accommodation. Businesses which provide public accommodations are prohibited from discriminating on the basis of a disability and must provide to disabled individuals full and equal enjoyment of

goods, services, facilities and privileges, advantages and accommodations. Commercial facilities, as well as places of public accommodation are also required to make new construction accessible to individuals with disabilities. The term commercial facility is broadly defined as any nonresidential facility whose operations affect commerce.

Q: How will Title III affect employers?

A: Although Title III does not deal with employment practices, it will be of great importance to many large and small employers who operate businesses constituting places of public accommodation because it will significantly affect how they conduct their business. Although many health care providers do not have the minimum of 15 employees required for coverage under the employment provisions of the ADA, all health care providers who operate offices will be subject to the public accommodations provisions of the statute.

Public Accommodation Defined

Q: What is a public accommodation?

A: The ADA lists by example over 60 specific types of private entities which are considered public ac-

commodations for purposes of Title III if the operation of such entities "affects commerce." Included are offices of physicians and dentists. Also included are places of lodging, places serving food and drink, places of exhibition and entertainment, places of public gathering, sales and rental establishments, service establishments, stations used for public transportation, places of public display, places of recreation, places of education, social service centers and places of exercise or recreation.

Q: How can a professional office of a health care provider affect commerce?

A: As in many other federal statutes, the definition of commerce encompasses an enormous range of common business activities. The ADA defines commerce as travel, trade, traffic, commerce, transportation or communication among the several states, between a foreign country or any territory or possession and a state, or between points in the same state but through another state or foreign country. To the extent that a health care provider's office makes telephone calls or mails out of state for business purposes, purchases supplies from another state, sends lab specimens out of state, for example, that office is affecting commerce. There are several other ways in which an office may be considered to be affecting commerce, and it would be difficult to imagine any modern health care provider's office not affecting commerce as it is so broadly defined.

The Meaning of Disability

Q: What is a disability?

A: Places of public accommodation may not discriminate on the basis

Continued on following page

of disability. To be protected by the ADA, an individual must therefore have a disability. The ADA relies on regulations promulgated pursuant to the existing federal Rehabilitation Act and Fair Housing Act in defining the term disability. A disability may be any one or more of the following:

1. A physical or mental impairment that substantially limits one or more of the major life activities of the individual; or
2. A record of such an impairment; or
3. Being regarded as having such an impairment.

Q: What is a "physical or mental impairment?"

A: A physical impairment is any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin and endocrine. A mental impairment means any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

The Congressional committee reports list many specific conditions, diseases and infections which are to be considered impairments, but emphasize that the list is given only by way of example since new disorders may develop in the future. The committee list includes such conditions, diseases and infections as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy,

muscular dystrophy, multiple sclerosis, cancer, heart disease, mental retardation, emotional illness, specific learning disabilities and drug and alcohol addiction (both subject to certain restrictions). The

“The Congressional committee reports list many specific conditions, diseases and infections which are to be considered impairments, but emphasize that the list is given only by way of example since new disorders may develop in the future.”

committee report specifically lists the Human Immunodeficiency Virus (HIV) as a disability. The AIDS disease is thus a disability covered by the ADA.

Q: What is excluded from the definition of physical or mental impairment?

A: The term physical or mental impairment does not include simple physical characteristics such as blue eyes or black hair. Furthermore, environmental, cultural or economic disadvantages are not in themselves covered. Having a prison record, for example, is not a disability. Age is not a disability and neither is homosexuality or bisexuality. Of course, if a person

with a prison record or a homosexual also has epilepsy, for example, that person would be considered disabled for purposes of the ADA.

The ADA also excludes a number of behavior disorders from the definition of disability: transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, as well as other sexual disorders; compulsive gambling; kleptomania; and pyromania. The ADA also excludes from coverage any individual who is currently using illegal drugs or a person with a psychoactive substance use disorder due to current use of illegal drugs. An illegal drug is one whose use and distribution is prohibited by the federal Controlled Substances Act and does not include the use of drugs taken under the supervision of a licensed health care professional.

Q: What is the meaning of "substantially limiting a major life activity?"

A: As indicated in the first part of the definition of a disability, an impairment is not considered a disability for purposes of the ADA unless it substantially limits one or more major life activities. Unfortunately this phrase is not specifically defined in the statute. However, based upon committee reports and ADA regulations promulgated in 1991 by the Equal Employment Opportunity Commission (EEOC), this phrase apparently means that the impairment "prevents" performance of the life activity or that activities are significantly restricted as to the conditions, manner or duration under which such life activities can be performed in comparison with most people. The example given in the committee re-

ports is that of a person who walks ten continuous miles and begins to feel some pain on the eleventh mile. Such a person cannot be characterized as substantially limited in walking because most people would not be able to walk eleven miles without experiencing some discomfort. As to the meaning of "major life activity," the committee reports say that the term means such functions as caring for oneself, performing manual tasks, walking, seeing, breathing, speaking, hearing and working. For example, a deaf person is substantially limited in the major life activity of hearing aural communications, but someone with a trivial impairment like an infected finger, by comparison, is not impaired in a major life activity. The reports emphasize that determining a substantial impairment in a major life activity must be done without reference to ameliorative measures such as assistive aids or devices. For example, if an individual is hard of hearing, but the loss can be corrected with a hearing aid, that person is still considered disabled under the ADA.

Q: What is the meaning of "having a record" of a disability, or "being regarded" as disabled?

A: The second part of the disability definition consists of "having a record of a disability." This includes those who have a record of a physical or mental impairment that substantially limits a major life activity and generally includes two groups of people: those who have "recovered" and therefore have a history of an impairment (for example, a cancer patient in remission) and those who have been misclassified as having an impairment, such as an individual misclassified as men-

tally retarded. According to the EEOC, the record impairment must still be one which would be covered under the ADA if it were a current condition. The record impairment must be one which substantially limits one or more major life activities.

“Segregation of persons with disabilities into separate special programs is seen as tantamount to relegating them to second-class citizenship. Legislative history indicates that the “most integrated setting” means that separate programs or activities which are designed to provide a benefit to disabled persons must not be used to restrict their participation in more general, integrated activities.”

The third part of the disability definition, "being regarded as having a disability", covers individuals in any one of the three of the following circumstances:

1. Individuals whose impairments are not necessarily disabili-

ties in themselves but who are treated as being more limited than they really are. For example, someone with controlled high blood pressure who is re-assigned job responsibilities because of an employer's unfounded fears.

2. Individuals whose impairments become limitations only because of the prejudicial attitudes of others. An example of this category is an individual with a facial disfigurement because of burns who has been refused employment.

3. Individuals who have no actual impairment but are mistakenly treated as having one. For example, a male homosexual job applicant who is wrongly assumed to be infected with HIV.

Three Affirmative Obligations on Public Accommodations

Q: What affirmative obligations are imposed on places of public accommodation by Title III?

A: First, the ADA requires that service must be provided in the most integrated setting appropriate for the needs of the disabled individual and that individual must be given the chance to participate in existing programs and activities. Second, a public accommodation must make reasonable modifications in its policies, practices or procedures when necessary to allow disabled individuals access to goods and services. Third, a public accommodation is also required to provide auxiliary aids and services necessary to allow disabled individuals to use the accommodation's goods and services.

Q: What is the meaning of "the most integrated setting?"

A: Segregation of persons with dis-

Continued on following page

abilities into separate special programs is seen as tantamount to relegating them to second-class citizenship. Legislative history indicates that the "most integrated setting" means that separate programs or activities which are designed to provide a benefit to disabled persons must not be used to restrict their participation in more general, integrated activities. For example, it would be a violation of the ADA to segregate seating for persons using wheelchairs to the back of auditoriums or theaters. Wheelchair seating should be dispersed throughout the seating area with lines of sight comparable to those for all viewing areas.

Q: How can a public accommodation modify its policies to allow disabled individuals access to goods and services?

A: A public accommodation must make reasonable accommodation in its policies, practices or procedures when necessary to allow disabled individuals access to goods and services. An example is a department store with a "no dogs" rule. This policy must be modified to allow seeing-eye dogs, hearing-ear dogs and other service dogs used by people with disabilities. Many modifications will require only simple policy changes, but a modification is not required to be made if it would fundamentally alter the nature of the goods or services. The legislative history gives an example of a doctor who specializes in treating burn victims. The doctor could not legally refuse to treat the burns of a deaf individual because of the deafness, but would obviously not have to accept the deaf individual as a patient if he or she does not have burns.

Auxiliary Aids and Services

Q: What are auxiliary aids and services?

A: Public accommodations are also required to provide the auxiliary aids and services necessary to allow a disabled individual to use the

“Public accommodations are required to remove architectural and communication barriers from existing facilities, where such steps are ‘readily achievable.’”

accommodation's goods and services. As with policy changes, such steps are not required if taking them would ultimately alter the nature of the goods and services being offered or would result in an undue burden. As defined by the ADA, the term "auxiliary aids or services" includes:

1. For individuals with hearing impairments, providing qualified interpreters or other effective methods of making aurally delivered materials available.
2. For individuals with vision impairments, providing qualified readers, taped texts or other effective methods of making visually delivered materials available.
3. Acquiring or modifying equipment or devices; and
4. Other similar services and actions.

This list was not intended by Congress to be exhaustive and is meant only to suggest types of aids or services. For example, other effective aids for individuals with hearing impairments might include telephone handset amplifiers, telephones compatible with hearing aids, telecommunication devices for the deaf (TDD), closed captions and decoders. Other aids for individuals with vision impairments may include audio recordings and braille-enlarged print materials.

Often a simple adjustment or aid in accordance with common sense is all that is needed, rather than an expensive or elaborate item. For example, a retail store need not lower all of its shelves so that a person using a wheelchair can reach everything, but instead could arrange to have a salesperson assist with items that are out of reach.

Q: What constitutes an undue burden?

A: Auxiliary aids need not be provided if doing so would cause the public accommodation an undue burden. This term is analogous to the term "undue hardship" used in the employment provisions of Title I of the ADA. Whether there would be an undue burden is a determination which should be made on a case-by-case basis taking into account the nature and cost of the action needed, the financial resources, and the size and nature of the public accommodation. For example, a hospital must provide televisions which provide, upon patient request, a means for decoding closed captions for individuals with impaired hearing. However, a doctor's office would not be required to use a TDD in receiving or making telephone calls because

making or receiving calls by patients is incidental to the operation of the office. If a particular aid would cause an undue burden, this does not necessarily relieve a public accommodation from the duty to furnish an alternative aid that would not cause an undue burden if available. Furthermore, technological advances may require a business to provide the same aid in the future which today would not be required because it currently creates an undue burden.

Removal of Barriers

Q: Must an existing public accommodation remove architectural barriers?

A: Yes, beginning January 26, 1992, public accommodations are required to remove architectural and communication barriers from existing facilities, where such steps are "readily achievable." The factors to be considered when determining whether an action is readily achievable are the same as those for determining undue hardship or undue burden, but the ADA also defines "readily achievable" to mean easily accomplishable and able to be carried out without much difficulty or expense.

The types of changes contemplated here include such modest adjustment as installing grab bars, ramping a few steps, lowering telephones, or the addition of raised lettering or braille markings on elevator buttons. The ADA also requires the removal of physical barriers created by furniture or display arrangements. For example, a retail store could adjust its layout of shelves and displays to provide access for persons who use wheelchairs. The store would not be required, however, to separate ev-

ery display fixture to provide clearance for a wheelchair. It will suffice if the person has access to a representative selection of merchandise. As long as the person in the wheelchair can see that a store offers blue raincoats, for instance, it is permissible under the ADA that he or she must rely on a salesperson to retrieve a raincoat in the required size.

If access means replacing a flight of steps with expensive ramping or installation of an elevator, this would be too expensive and burdensome in most cases to be con-

“Enforcement of Title III of the ADA will not be through government monitoring or inspections, but mainly through private lawsuits.”

sidered readily achievable. If removing a barrier is not readily achievable, however, the ADA specifies that a public accommodation must nonetheless make its goods or services available using alternative methods if they are readily achievable. Such an alternative method might include assisting an individual in a wheelchair up a flight of steps or providing assistance in retrieving items from inaccessible places.

New Construction

Q: Must new construction of public accommodations be made accessible to persons with disabilities?

A: Yes. All new places of public accommodation, as well as all commercial facilities must be designed and constructed to be readily accessible to and usable by individuals with disabilities unless to do so would be "structurally impracticable." This applies to all places of public accommodation and commercial facilities built and first occupied after January 26, 1993, which is 30 months after enactment of the ADA.

Q: What is the meaning of "readily accessible"?

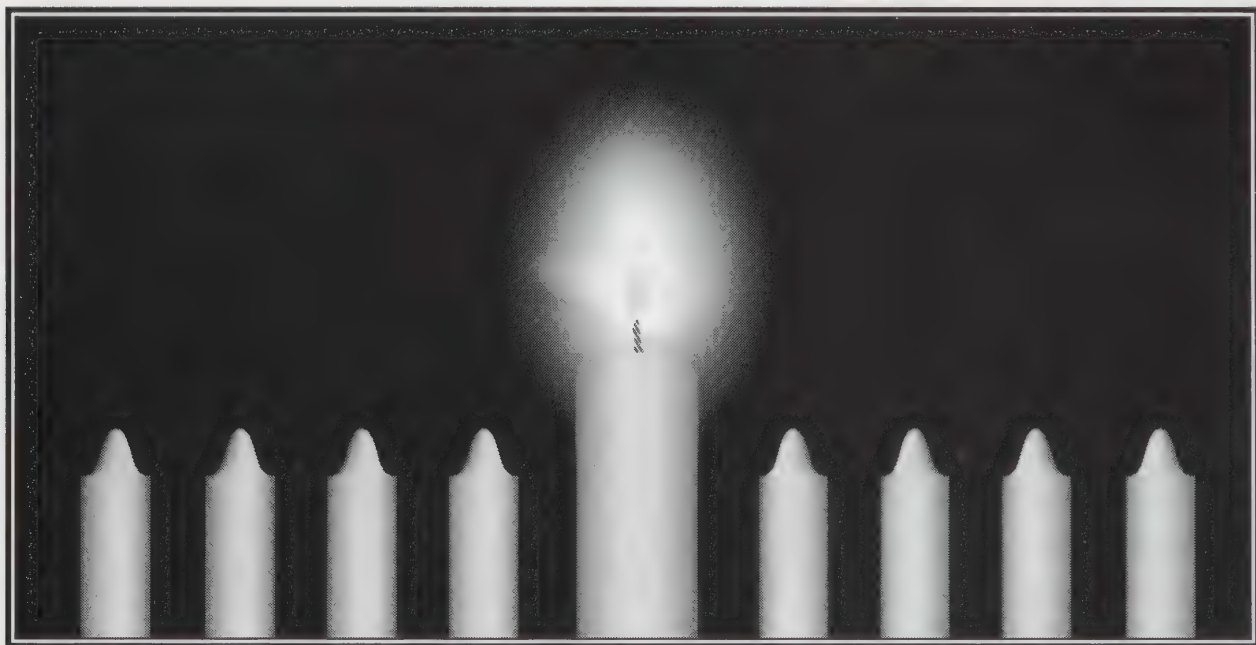
A: This term has been subject to various interpretations under prior statutes. It is clear that the purpose of this language is to enable people with disabilities — patrons and employees alike — to get to, enter and use a facility. It implies a high degree of accessibility — access to parking areas, routes to and from the facility, entrances, as well as usable bathrooms, water fountains and public common use areas. However, access to every portion of a facility is not required. For example, all bathrooms and all bathroom stalls need not be accessible as long as a reasonable number are.

Q: Must elevators be installed in all new construction of public accommodations?

A: Elevators are not required in facilities that are less than three stories or have less than 3,000 square feet. However, elevators are always required in two specific instances — shopping centers and profes-

Continued on page 39

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sional offices of health care providers. Thus any new office of a health care provider which is built for first occupancy after January 26, 1993 must have an elevator if required to make this place of public accommodation readily accessible. The Attorney General is permitted to determine that certain additional facilities will also require elevators based upon their usage.

Q: What is the meaning of structurally impracticable?

A: The new construction requirements do not apply if it is structurally impracticable to make a new building accessible. However, this is a narrow exception intended to cover only rare and unusual circumstances. If a new building cannot be made fully accessible due to unforeseen impracticabilities, it must still incorporate those features which are structurally practicable.

Alterations to Existing Facilities

Q: Must existing facilities which are remodeled or altered be made barrier free?

A: The ADA also covers alterations to existing facilities. It does not require that any alterations actually be done, but if alterations which could affect the usability of the facility are made, they must be made so that, to the maximum extent feasible, the altered area is accessible to individuals with disabilities. In addition, if the alterations are to an area that contains a "primary function," they must be done so that the path of travel to the altered area, bathrooms, drinking fountains and telephones are accessible. Travel paths, bathrooms, drinking fountains and telephones

need not be made accessible if the cost of so doing is "disproportionate to the total alteration costs." Minor changes such as painting or papering walls do not affect a facility's usability and so would not trigger the accessibility requirements.

Q: What is the meaning of a facility's primary functions?

A: The term "primary functions" refers to those portions of a place of public accommodation where significant goods, services, facilities, privileges or advantages are provided. For example, a storage room in a physician's office would not be a room containing a primary function, but the patient waiting area would be. Therefore, any alterations to the patient waiting area must be made so that the path of travel and the restrooms, drinking fountains and telephones serving the patient waiting area are accessible to the maximum extent feasible.

Q: What is the meaning of "path of travel"?

A: A "path of travel" to an altered area means a continuous, unobstructed way of pedestrian passage by means of which the altered area can be approached, entered, and exited and also connects the altered area with an exterior approach (including sidewalks, streets and parking areas), an entrance to the facility and other parts of the facility. The term can include sidewalks, curb ramps, interior or exterior pedestrian ramps, clear floor paths, parking access aisles, elevators and lifts and any combination of these. A path of travel also includes the restrooms, telephones and drinking fountains serving the altered area. As with

new construction, the installation of elevators is required under only certain limited circumstances.

Q: When will the cost of achieving accessibility be considered disproportionate?

A: Making alterations accessible to individuals with disabilities is not required if the cost and scope of the alterations are disproportionate to the cost and scope of the overall alterations. This concept recognizes that in some circumstances achieving accessible paths, restrooms, telephones and drinking fountains would be an unreasonably expensive requirement. According to the committee reports, the costs of accessibility feature is disproportionate if it is sufficiently significant when compared to the costs of the remainder of the alterations. For example, it would be disproportionate to require a place of public accommodation to double the costs of a planned alteration to achieve accessibility. However, according to the legislative history, a place of public accommodation may not evade the accessibility requirements by making a series of smaller alterations that otherwise would have been a single undertaking. If prior alterations were made without incorporating accessibility features, the cost of the prior alterations can be added to other alterations close in time in determining the disproportionality of the accessibility costs. Even if the aggregate cost of accessible paths of travel, accessible restrooms, telephones and drinking fountains is disproportionate, a public accommodation must still provide a number of such features that are not disproportionate in cost. If a

Continued on following page

choice must be made, features which provide the greatest use of the facility are to be selected. An accessible restroom would take priority over an accessible drinking fountain, for example.

Enforcement

Q: How will Title III be enforced?

A: Enforcement of Title III of the ADA will not be through government monitoring or inspections, but mainly through private lawsuits. Title III provides for a private right of action for individuals who are being subjected to discrimination on the basis of disability as well as for individuals who have reasonable cause to believe that they are about to be subjected to discrimination in violation of the new construction and alteration of facilities provisions. Remedies include applications for permanent or temporary injunctions, restraining orders or other orders. Injunctive relief can include an order to alter existing facilities to make them accessible to individuals with disabilities or to make new construction accessible. For example, if a dentist plans a new office and the design includes a very narrow passageway to the restrooms, an "anticipatory discrimination" lawsuit could be filed as soon as the inaccessibility is discovered. Such a lawsuit could in fact save the dentist money since resolution of the issue through redesign is much less expensive than correcting the problem after the office is built. Relief can also include an order to provide an auxiliary aid or service to modify a policy, or to provide alternative methods, as required by Title III.

As in private lawsuits brought under the public accommodations provisions of the Civil Rights Act of 1964, monetary damages are not available to private parties suing under Title III of the ADA.

Another method of enforcement is by the Attorney General following investigations of complaints. The law specifies only two situations in which the Attorney General may file a civil action in a United States District Court:

1. If the Attorney General has reason to believe that any person or group of persons is engaged in a pattern of practice of resistance to the full enjoyment of any of the rights granted by Title III, or

2. If the Attorney General has reason to believe that any person has been discriminated against under Title III and the discrimination raises an issue of general public importance.

In other words, as a general rule, the government will not be bringing enforcement actions. In civil actions which are brought by the Attorney General, the court is authorized to grant equitable relief which it considers appropriate, including a temporary, preliminary or permanent injunction to modify a policy or practice or to make facilities accessible. Other relief which the court deems appropriate is also available including monetary damages for the person aggrieved if the Attorney General requests such damages. The court does not have the authority to award punitive damages in Attorney General actions.

Within the court's power is the assessment of civil fines against entities at a maximum of \$50,000 for the first violation and \$100,000 for any subsequent violations.

Effective Dates

Q: What are the effective dates of Title III?

A: Most of the provisions of Title III become effective 18 months after enactment of the ADA, or January 26, 1992. There will be a period of phase-in for small businesses, however. Businesses with fewer than 25 employees and gross annual receipts of \$1 million or less cannot be sued for actions occurring before July 26, 1992. Businesses which employ 10 or fewer and with gross receipts of \$500,000 or less are exempt from suits for actions occurring before January 26, 1993. As indicated, accessibility requirements for new construction pertain to facilities built for first occupancy after January 26, 1993.

For further information about the ADA and its impact, please contact Thomas Williams at Kerr, Russell and Weber, (313) 961-0200.

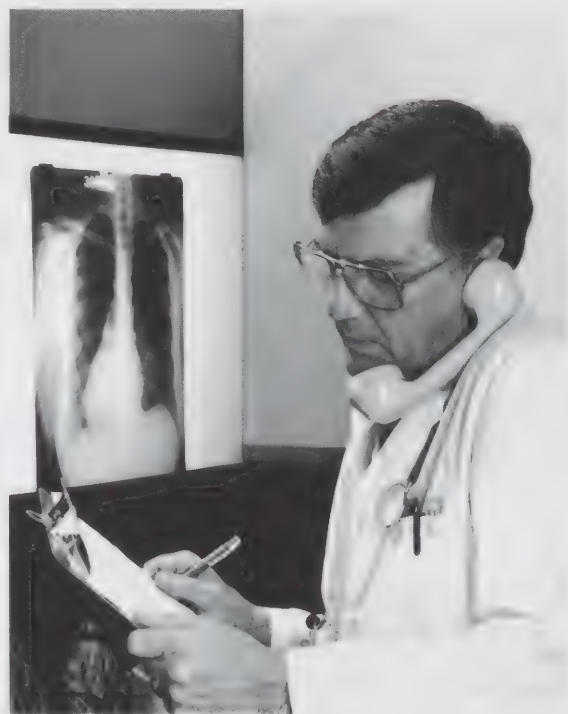
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PRO Update

Transition from the third to fourth scope of work

By Neal A. Baker

This article is based on a presentation made by Neal A. Baker to the Michigan State Medical Society's Liaison Committee with the Michigan PRO (MPRO), chaired by Robert Packer, MD. Baker is senior health policy analyst, Health Care Review and Carrier Relations, American Medical Association.



The Health Care Financing Administration (HCFA) began implementation of the transition from the Third Peer Review Organization (PRO) Scope of Work to the Fourth PRO Scope of Work on October 1, 1991. PROs in 11 states are currently implementing newly-established medical review requirements under the "Scope of Work," the contract by which PROs are obligated to carry out their statutorily-mandated duties of determining the medical necessity, appropriateness and quality of care delivered to Medicare beneficiaries. Michigan's PRO (MPRO) is scheduled to implement requirements outlined in the Fourth Scope of Work beginning April 1, 1992.

This article discusses the American Medical Association's (AMA) relationship to the PRO program and the transition from the Third to the Fourth Scope of Work including the status of the Uniform Clinical Data Set.)

I. AMA Policy and the PRO Program

The AMA and its relationship to the PRO program is an issue which has been the subject of intense debate since the program's inception in 1983. At every House of Delegates meeting since 1983, the PRO program has been the topic of much, mostly critical, discussion. As recently as 1987, the House of Delegates, in a close vote, rejected efforts to have the AMA seek repeal of the program. Instead, the House agreed upon a strategy based on enhanced and aggressive lobbying activities designed to seek modifications to the numerous objectionable aspects of the PRO program.

Today, AMA efforts regarding PRO concerns focus on "fine-tuning" the PRO program, especially two of the most frequently identified and troublesome aspects of the PRO program—sanctions, in-

cluding the potential for sanctions under the Quality Intervention Plan (QIP), and perceived lack of due process. While repeal of PRO legislation is no longer an issue before the House at every meeting, repeal of certain aspects of the PRO program (e.g., repeal of preadmission/preprocedure review, and of PRO review of ambulatory care) still surface repeatedly as targets of physicians' ire toward the PRO program.

AMA Policy

The AMA opposed congressional passage of the PRO legislation in 1981. However, after the enactment of the PRO program in 1982, the AMA adopted the position that physicians and medical societies should assume a leadership role in medical peer review. The AMA also noted that state medical societies should consider seeking involvement in the PRO program and the AMA should support and assist state medical society efforts to obtain a PRO contact.

In 1984, the AMA reaffirmed its support of professionally directed programs of peer review conducted by physician sponsored organizations, and opposed PRO programs carried out by fiscal intermediaries or other third parties. The AMA also emphasized that the PRO program should focus on assuring the provision of high quality medical care rather than cost containment.

During the mid-1980's, members grew increasingly disgruntled with the PRO program. Members' frustration with the PRO program culminated in 1987 when several of the resolutions addressed the issue of whether the Association should seek repeal of the PRO legislation. After intense debate at its 1987 Annual and Interim Meetings, the House of Delegates concluded that the appropriate stance of the AMA should be to identify and actively seek modifications to those

Continued on page 45

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	Constipation	Respiratory Depression	Sedation	Emesis	Physical Dependence
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OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. *Semin. Oncol.* 1975; 2: 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. *Ann. Intern. Med.* 1980 588-96.

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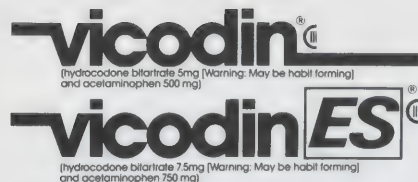
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1. Data on file, Knoll Pharmaceuticals

2. Standard industry new prescription audit



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Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS:

Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease.

Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.

Usage in Pregnancy:

Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever.

Labor and Delivery: Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS:

The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes.

Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation.

Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.

DRUG ABUSE AND DEPENDENCE:

VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/VICODIN ES Tablets should be prescribed and administered with caution.

OVERDOSAGE:

Acetaminophen Signs and Symptoms: In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Hydrocodone Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur.

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

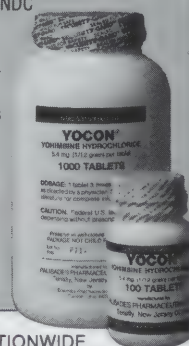
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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onerous aspects of the program's operation rather than to pursue repeal at the time. In lieu of repeal, the House called for the AMA to initiate activities to help assure that PRO quality efforts result in decisions which are considered reasonable by a majority of physicians, by (1) seeking greater input in the PRO criteria setting process; (2) encouraging state medical societies to establish joint liaison committees of medical society representatives and PRO physicians; (3) identifying and communicating good mechanisms for keeping PRO medical determinations consistent with generally acceptable norms; and (4) backing up the AMA's commitment to true quality-oriented professional peer review by encouraging greater levels of physician participation as reviewers for the PROs in their states, and negotiating contracts with HCFA such that there is appropriate emphasis and funding in the contract for educational approaches and quality review.

Recent Policy Developments

More recent resolutions, including several introduced by the Michigan delegation, have indicated a need for "fine-tuning" elements of the PRO program. For example, at the 1991 Annual Meeting, the Michigan delegation introduced resolutions calling for: (1) the elimination of PRO preprocedure review; (2) "true" peer review, i.e., the use of specialty specific reviewers to make all final determinations of appropriateness; and (3) the AMA to work with HCFA to carefully define "adverse event." Other resolutions state that the AMA should:

- seek to establish a fair and impartial appeals process for all actions brought against physicians by PROs;

- urge HCFA to ensure that PROs accord physicians their due process rights, including knowing the identity of the reviewers;

- seek modification of the QIP;

- seek repeal of the prior authorization requirements;

- seek standardized interpretations of HCFA directives relating to PROs;

- seek reimbursement of photocopying costs for PROs;

- seek repeal of legislation which mandates PRO review of ambulatory care; and

- work with HCFA to ensure that PROs be given adequate time to implement mandated changes to the program.

Although physicians may be slightly more accepting of the PRO program today, they remain particularly concerned about the threat of sanctions from PROs without adequate due process. In addition, physicians continue to be critical of aspects of the PRO program which they consider undesirable or cost-ineffective such as PRO review of physician office care. While no longer demanding outright repeal of the PRO program, the medical community is likely to continue to demand repeal of elements of the PRO program it deems unproductive or overly burdensome.

II. Transition from the Third to the Fourth PRO Scope of Work

In its proposed Fourth PRO Scope of Work, HCFA outlined the revised structure, scope and process by which PROs will be obligated contractually to perform Medicare review for approximately the next three years. In crafting the requirements for the next Scope of Work, HCFA sought the broad-based input of physicians, including the AMA. Based on this consultative process, HCFA has revised the following elements:

- transferred responsibility for the review of allegations of "patient-dumping" from the Office of Inspector General to PROs;

- eliminated PRO preprocedure/preadmission review of 10 surgical procedures effective October 1, 1991;

- reduced the sample size of medical records from approximately 25 percent of all Medicare hospital records to approximately 10 percent;

- developed the Uniform Clinical Data Set (UCDS), a computerized data collection/case finding "expert system" for reviewing hospital stays under the Medicare prospective pricing system (PPS). HCFA designed UCDS to make PRO review more consistent from state to state, to collect a standard set of data about each hospitalization, and to provide a care summary identifying specific areas for further review.

- furnished to the AMA and others criteria used in implementing the Uniform Clinical Data Set;

- reaffirmed the importance of using licensed physicians in active practice to complete PRO review of medical records;

- initiated longitudinal review whereby a five percent random sample of beneficiaries selected by HCFA, excluding enrollees in risk based HMOs, will be tracked over time (longitudinally) by the PRO for the remainder of the beneficiaries' lives.

- emphasized improved data sharing between PROs and state medical societies to improve the quality of care through the feedback of relevant data on issues related to appropriateness, necessity, and quality. [Data on medical outcomes, patterns of care, and geographical analyses will be a byproduct of the UCDS system.

Continued on following page

HCFA's goal is to provide ongoing feedback to individual physicians and state societies in an educational effort to improve the quality of care delivered to Medicare beneficiaries. In doing so, HCFA also intends to move the PRO program away from case-by-case review and toward a broader-based analysis of health care outcomes and regional variations.]

Uniform Clinical Data Set

As stated above, UCDS is an integral part of HCFA's proposed Fourth PRO Scope of Work. It is a computerized data collection/case finding system for reviewing hospital stays under the Medicare prospective pricing system (PPS). According to HCFA, UCDS will substantially expand the clinical and administrative data available to evaluate the quality and utilization of medical services provided to Medicare beneficiaries beyond what is currently available in Medicare claims data files.

Beginning in the spring of 1992, HCFA intended to implement UCDS beyond its seven-state pilot project. PROs in 13 additional states were to have received funding to implement UCDS six months after the starting dates of their contracts, in most instances, beginning April 1, 1992. However, HCFA recently announced in a Final Notice published in the September 4, 1991, *Federal Register* that PROs will not begin using the UCDS data collection tool or algorithms until some time later in their contracts—approximately 9-12 months after the effective date of the PRO contract or approximately July 1, 1992. HCFA also announced that PROs are to notify the affected hospitals and physicians and share the algorithms with them prior to the implementation of the UCDS.

To address AMA issues of concern related to the implementation of UCDS, the AMA's Office of Quality Assurance has convened a 26-member UCDS Advisory Panel comprised of physician members from its Practice Parameters Forum. The panel met with HCFA in August 1991 to review 13 algorithms used by UCDS to flag medical records for further medical review. This was the first time that HCFA had invited the AMA and organized medicine to review the algorithms which are critical to the problem-identification process used by UCDS. HCFA intends to meet with the AMA panel quarterly to continue reviewing and updating the algorithms after further testing.

Implementation of the Fourth Scope of Work

The Executive Office of Management and Budget has voiced concerns about potential problems PROs may have in implementing UCDS, a cornerstone of the new Scope of Work. In lieu of implementing the Fourth Scope of Work, HCFA announced in the September 4, 1991, *Federal Register* that those PROs scheduled to begin implementing the new Scope of Work during the remainder of 1991 will, instead, implement a modified Third Scope of Work. (Michigan's PRO will implement the Fourth PRO Scope of Work April 1, 1992, and is not likely to be affected by these modifications.) The modified Scope of Work requires PROs to:

- Review on a postpayment basis all inpatient hospital care rendered to a 15 percent sample of beneficiaries selected by HCFA.

- Offer to meet with state hospital associations and medical societies at least quarterly to discuss review process issues and PRO findings.

- Begin the initial phase of analytic work which supports the shift

in focus of the PRO program from individual case review to analysis of patterns of use and outcome.

- Eliminate mandatory prior authorization review of 10 surgical procedures. This change is effective for all PROs beginning October 1, 1991, and will not require PRO prior approval *unless* the PRO notifies providers and practitioners that it will require prior authorization for certain specified procedures, based upon HCFA's approval of such proposed PRO review activities.

- Review a 5 percent random sample (as opposed to a 15 percent sample under the Third Scope of Work) of cases from specialized units in hospitals under the Medicare PPS, and hospitals certified as being exempt from the PPS.

- Review a 3 percent random sample of surgical procedures designated on Medicare's ambulatory surgical list (These formerly were reviewed at a 5 percent rate.)

- Develop thresholds under the QIP that recognize differences in case review volume between small and large hospitals, and use these different thresholds for determining when to investigate the pending cases.

The AMA believes that implementation of this modified Scope of Work will be limited in its application to those states whose contracts for the Fourth PRO Scope of Work were to have begun during the fall of 1991 — Delaware, Missouri, Montana, Nebraska, Nevada, New Jersey, Oklahoma, Rhode Island, South Carolina, Washington, and Wyoming.

III. Conclusion

The PRO program is entering its ninth year of organizational life. The PRO program's predecessor, the Professional Standards Review Organizations (PSROs), was termi-

nated in 1982 after 10 years of operation. Some PRO observers believe the next several years of the PRO program, as outlined in the Fourth PRO Scope of Work, will be critical in determining whether the PRO program will share the same fate as its predecessor. Physicians will play a great role in determining this fate. While some may encourage such an outcome, others, savvy at forecasting governmental program shifts, believe the importance of evaluating the necessity, appropriateness and quality of care delivered under the Medicare program dictates that some governmental review mechanism is inevitable.

The issue for organized medicine to debate, therefore, is not whether a Medicare-based peer review program should or should not exist. Peer review, to ensure quality and contain costs of the medical care paid for under the Medicare program, is readily conceded to be a governmental imperative, carried out in various forms for approximately the past 20 years. Instead, the issue to be debated involves determining what program attributes are appropriate for a peer review system charged with reviewing the necessity, appropriateness and quality of medical care provided to Medicare beneficiaries.

Members of the medical profession must contemplate this broad and complex issue as they struggle with their concerns about the future of the PRO program. In the interim, the AMA's Council on Medical Service, its Ad Hoc Committee on PRO, and state society PRO committees, such as the Michigan State Medical Society's Liaison Committee with the Michigan PRO, must continue to actively identify and seek modifications to onerous aspects of the PRO program. ■

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MEETINGS

MSMS Meetings

April

8, 22, MSMS Accent Reduction Workshop for International Medical Graduates, April 8, Saginaw, MI; April 22, Novi, MI. Contact: Betty McNerney, MSMS Editor of Publications, (517) 337-1351.

14, 15, 16, MSMS Practice Management Seminar, "How to Master the New CPT Codes," by Conomikes Associates, Inc. April 14, Kalamazoo, MI; April 15, Williamston, MI; April 16, Dearborn, MI.

21, 22, 23, MSMS Practice Management Seminar, "How to Run a More Profitable Practice," by Conomikes Associates, Inc. April 21st, Traverse City, MI; April 22nd, Flint, MI; April 23rd, Ann Arbor, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

28, 29, 30, MSMS Practice Management Seminar, "Improved Collection Practices in the Health Care Office," by

I.C. System. April 28th, Saginaw, MI; April 29th, Troy, MI; April 30th, Grand Rapids, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

May

1-3, MSMS House of Delegates, Hyatt Regency, Dearborn, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

5, 7, 13, 18, 21, MSMS/MPMLC Professional Liability of Diagnosis. A series of Risk Management seminars will be on May 5, Fetzer Center, Kalamazoo; May 7, Wayne County Medical Society, Detroit; May 13, Boulevard Suites, St. Joseph; May 18, Grand Traverse Resort, Traverse City; May 21, Novi Hilton, Novi. Contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

12-15, MSMS Practice Management Seminar Series, "Medical Office Management Institute," by Conomikes Associates, Inc., Troy, MI. Contact: MSMS

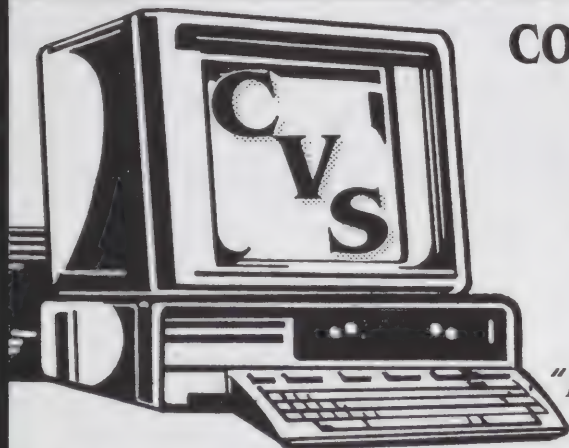
Office of Physician Education, (517) 336-5784.

19, MSMS Practice Management Seminar, "Developing and Maintaining Relationships," WMU Regional Center, Grand Rapids, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

20, MSMS Practice Management Seminar, "Supervisory Techniques for the Medical Practice," WMU Regional Center, Grand Rapids, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

21, MSMS Regulatory Conference: Fraud & Abuse Safe Harbor Regulations; Clinical Laboratory Improvement Act; Americans with Disabilities Act; MIOSHA Right to Know and Hazardous Medical Waste Guidelines, Novi Hilton, Novi, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

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MEETINGS

Continued from page 49

28-29, MSMS Maternal Health Gull Lake Conference, W.K. Kellogg Biological Station, Gull Lake, MI. Contact: Tom Wolff, MSMS Chief of Political Affairs, (517) 337-1351.

28, 29, 30, MSMS/AMA Retirement Series: "Financial Strategies for Successful Retirement for Senior Physicians" & "Gearing up for Retirement," Grand Traverse Resort, Traverse City, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

June

MSMS/MPMLC Risk Management/Closed Claim Review Sessions. A series of early morning sessions featuring Radiology and Emergency Medicine case studies will be held throughout Michigan in June. For further information contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

4, 11, MSMS/MPMLC Risk Management/Professional Liability of Diagnosis, June 4, Port Huron Hospital, Port Huron,

MI; June 11, WMU Regional Center, Grand Rapids, MI. Contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

9, 10 & 11, MSMS Practice Management Seminar, "Coding Institute," Ritz Carlton, Dearborn, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

25-27, MSMS/AMA Young Physicians Series, Sheraton Inn, Ann Arbor, MI. "Joining A Partnership or Group Practice," June 25th, "Starting Your Practice," June 26th & 27th. Contact: MSMS Office of Physician Education, (517) 336-5784.

July

16-19, MSMS Board of Directors Meeting, Grand Traverse Resort, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

August

18, 19, 20 & 21, MSMS Practice Management Seminar, "Medical Office Man-

agement Institute," by Conomikes Associates, Inc., Grand Traverse Resort, Traverse City, MI. Contact: Office of Physician Education, (517) 336-5784.

September

16, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

15, 16 & 17, MSMS Practice Management Seminar, "Better Collections, Billing and Insurance Methods" and "Reception and Patient Flow Techniques," September 15, Flint Holiday Inn, Flint, MI; September 16, Brookshire Inn, Williamston, MI; September 17, Fetzer Center, Kalamazoo, MI. Contact: Office of Physician Education, (517) 336-5784.

18, 19, & 20, MSMS Practice Management Seminar, "Management & Marketing for the Medical Practice, Grand Hotel, Mackinac Island. Contact: Office of Physician Education, (517) 336-5784.

22, 23 & 24, MSMS Practice Management Seminar, "Coding Institute," by

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MEETINGS

Conomikes Associates, Inc., Bay Valley Resort, Bay City, MI. Contact: Office of Physician Education, (517) 336-5784.

30, MSMS Practice Management Seminar, "Health Law Update," by Kerr, Russell & Weber, Brookshire Inn, Williamston, MI. Contact: Office of Physician Education, (517) 336-5784.

October

13, 14 & 15, MSMS Practice Management Seminar, "Coding Institute," by Conomikes Associates, Inc., WMU Regional Center, Grand Rapids, MI. Contact: Office of Physician Education, (517) 336-5784.

20, 21 & 22, MSMS Practice Management Seminar, "Coding Institute," by Conomikes Associates, Inc., Hotel Barronette, Novi, MI. Contact: Office of Physician Education, (517) 336-5784.

27, 28 & 29, MSMS Practice Management Seminar, "Medicare Update," by Conomikes Associates, Inc., October 27, WMU Regional Center, Grand Rapids, MI; October 28, Brookshire Inn,

Williamston, MI, October 29, Hotel Barronette, Novi, MI. Contact: Office of Physician Education, (517) 336-5784.

November

4, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

17-19, MSMS Annual Scientific Meeting, Hyatt Regency, Dearborn, MI. Contact: Sarah Cressman, MSMS Assistant for Physician Education, (517) 337-1351.

17, 18, 19, 20, MSMS/AMA Medical Office Staff Series, Hyatt Regency, Dearborn, MI. Contact: Office of Physician Education, (517) 336-5784.

AMA Meetings

June

18-26, MSMS/AMA Annual Meeting, Chicago, IL. Contact: Judy Marr, Manager, MSMS Department of Communications and Professional Relations, (517) 337-1351.

Michigan Specialty Society Meetings

April

8 & 22, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, (313) 559-5855.

29, The Early Phase of Psychotherapy with Children, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

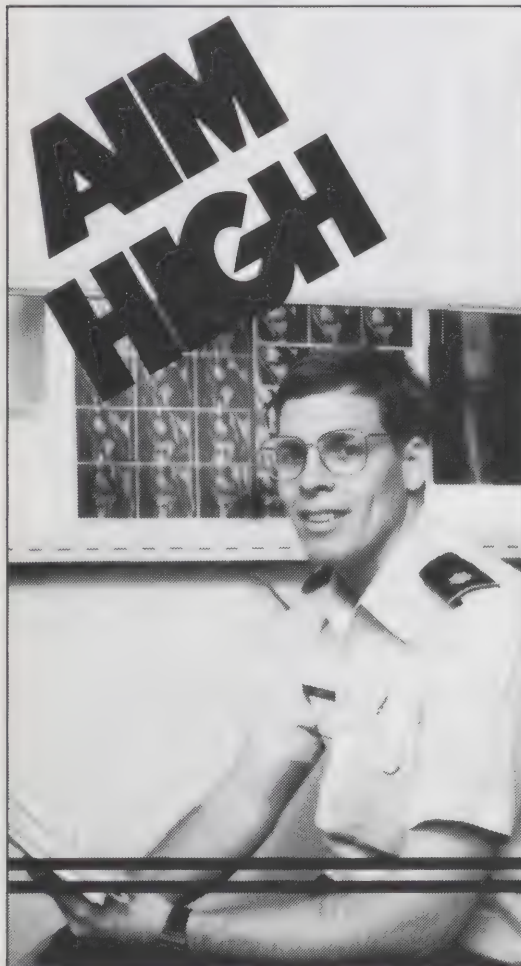
May

6 & 20, Psychoanalytic Explorations in Literature, Michigan Psychoanalytic Institute, Southfield, MI. Contact: Michigan Psychoanalytic Institute, (313) 559-5855.

June

4-5, Michigan Occupational Medical Association, Amway Grand Plaza,

Continued on page 54

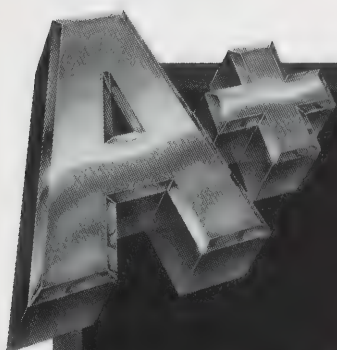


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MEETINGS

Continued from page 51

Grand Rapids, MI. Contact: M. Charles, MD, (313) 522-5311.

National Specialty Society Meetings

April

11-16, American Academy of Pediatrics-Spring Session, New York, NY. Contact: (708) 981-7887.

11-16, American Association of Neurological Surgeons, San Francisco, CA. Contact: (708) 692-9500.

12-16, American College of Cardiology, Dallas, TX. Contact: (301) 897-5400.

27-30, American College of Obstetricians and Gynecologists, Las Vegas, NV. Contact: (202) 638-5577.

May

1-4, Association of American Physicians, San Diego, CA. Contact: (609) 848-1000.

2-9, American Academy of Neurology, San Diego, CA. Contact: (612) 623-8115.

10-14, American Urological Association, Washington, DC. Contact: (301) 727-1100.

15-17, American College of Radiology, Hilton Hotel, Walt Disney World Village, Lake Buena Vista, FL. Contact: Kathy Lawrence, (800) 227-5463 ext. 4961.

17-20, American Lung Association; American Thoracic Society, Miami Beach, FL. Contact: (212) 315-8700

15-17, American College of Radiology Conference on Positron Emission Tomography Contact: Kathy Lawrence (800) 227-5463.

20-23, American Association for Cancer Research, San Diego, CA. Contact: (215) 440-9300.

June

7-12, American Society of Colon and Rectal Surgeons, San Francisco, CA. Contact: (312) 359-9184.

20-23, American Diabetes Association, San Antonio, TX. Contact: (703) 549-1500.

July

6-9, American Orthopaedic Society of Sports Medicine, San Diego, CA. Contact: (708) 803-8700.

27-29, American Hospital Association, Denver, CO. Contact: (312) 280-6323.

August

8-14, Society of Magnetic Resonance in Medicine Scientific Meeting and Exhibition. Contact: Chairman, Young Investigator's Award Committee, Society of Magnetic Resonance in Medicine, 1918 University Avenue, Suite 3C, Berkeley, CA 94704, USA.

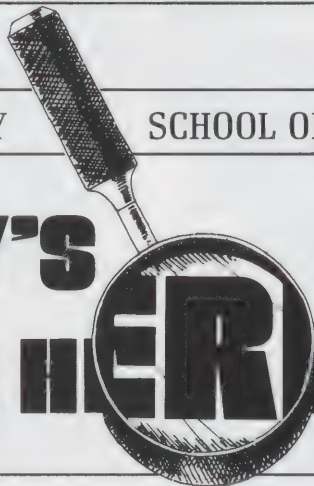
16-19, American Psychological Association, Washington, DC. Contact: (202) 955-7705.



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SATURDAY, MAY 9, 1992



3 CREDIT HOURS

8:30-9:00 a.m. School of Medicine 540 E. Canfield Detroit, MI 48201 Registration Coffee and Danish Clinic Session	9:35-10:10 a.m. (continued) Acting Division Chief, Pulmonary Division Wayne State University School of Medicine Tuberculosis - The Way It Was and Now	11:10-12:00 p.m. W. Michael Scheld, M.D. Professor of Medicine and Neurosurgery University of Virginia Charlottesville, VA Meningitis - The Old and the New
9:00-12:00 p.m. Yesterday's Diseases - Here Today Milagros P. Reyes, M.D. Associate Professor of Medicine Wayne State University School of Medicine The Evolution and the Treatment of Endocarditis	10:10-10:30 a.m. Break 10:30-11:10 a.m. Jack D. Sobel, M.D. Professor of Medicine Chief, Division of Infectious Diseases Wayne State University School of Medicine The Changing Face of Syphilis	Clinical Session Fee Alumni Association Member \$25 Non-Member \$50 Resident/Student No Charge For information call Bunny Leitch, WSU Medical Alumni Association 540 E. Canfield, Rm. 1128 Detroit, MI 48201 (313) 577-1495
9:35-10:10 a.m. Dana G. Kissner, M.D. Assistant Professor		

CME Statement

Wayne State University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. As an organization accredited for continuing medical education, the Wayne State University School of Medicine designates that these offerings meet the criteria for 3 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the State of Michigan relicensure requirements, provided that it is used and completed as designed.

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- **Family Practitioner/Private Practice** Three well established and thriving group practices at Butterworth Hospital desire to expand by adding an additional BC/BE family practitioner. Join existing groups consisting of 2 - 5 physicians, OB optional. Desirable call schedules, competitive salaries and benefit packages.
- **Family Practitioner/Urgent Care Center** Join the growing field of ambulatory care, Med+Center BC/BE family practitioner needed to provide medical services to patients on a regularly scheduled basis. No call schedule, flexible hours, excellent compensation and benefits.
- **Family Practitioner/Primary Care Clinic** BC/BE family practitioner or internist needed for a large, primary care medical and dental clinic in Grand Rapids. The clinic is managed by Butterworth Ventures, the largest health care system in West Michigan and funded by private donations and a federal grant. Staffing includes 2 family practitioners, a pediatrician, nurse practitioner, medical director and support personnel. This is a salaried position with a competitive compensation and benefit package and 1 in 5 call schedule.
- **Internal Medicine/Faculty Position** Board certified general internist with teaching and clinical skills needed to join dynamic full-time academic faculty for internal medicine residency. Responsibilities include direct patient care in faculty practice, supervision and teaching of residents and students in both outpatient and inpatient settings. Competitive salary and benefits. Protected time is available for research and teaching.
- **Internal Medicine/Emergency Medicine** Immediate opening for a BC/BE internist with emergency medicine experience. Join a rapidly growing group of internists who cover the Emergency Room and in-house patients at United Memorial Hospital in Greenville, Michigan (1 hour from Lake Michigan and 35 miles from Butterworth Hospital). Flexible hours, no call, excellent reimbursement and benefit package.
- **Multi-Specialty Outpatient Group: Family Practitioner, Med/Peds, Internal Medicine, Pediatrician**
Dynamic 7 physician multi-specialty group providing outpatient care at United Memorial Hospital seeks additional physicians. Full-time position, 4 1/2 days Monday through Friday with additional hours available in the urgent care center or Emergency Room. Located in Greenville, Michigan (1 hour from Lake Michigan and 35 miles from Butterworth Hospital). Call and inpatient care is optional with opportunities available to do procedures in the hospital or office. Competitive salary and full benefit package including malpractice

For information about the above positions, please call or write to
Nancy Martens, Manager Medical Staff Placement 1-800-788-8410.

Butterworth Health System, MC 73, Nancy Martens, 100 Michigan NE,
Grand Rapids, Michigan 49503

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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

April

7 & 14, Rebellion Against Authority, Rational and Irrational. Location: Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Association. **Contact:** David Fogel, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-0050. **Approved for:** 4 hours Category I Credit.

8-10, Ultrasound in Obstetrics and Gynecology. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 21 hours Category I Credit.

15, Third Annual Hospice Symposium "Management of Terminal Illness: Hospice Update." Location: Hotel St. Regis, Detroit, Michigan. **Sponsors:** Henry Ford Hospital. **Contact:** Shelley L. Helton, Coordinator, Office of Continuing Medical Education, (313) 876-3073 or 1-800-888-4340. **Approved for:** 5.5 hours Category I Credit.

15, Practical Issues in the Treatment of Epilepsy in Adults & Children. Location: Novi Hilton, Novi, Michigan. **Sponsors:** Henry Ford Hospital. **Contact:** Shelley L. Helton, Coordinator, Office of Medical Education, 2799 West Grand Blvd., Detroit, MI, (313) 876-7143. **Approved for:** 4 hours Category I Credit.

23-24, Colposcopy for the Primary Care Physician. Location: Bay Valley Resort and Hotel, Bay City, Michigan. **Sponsors:** The National Procedures Institute. **Contact:** Beth Moe, (517) 631-2090. **Approved for:** 12 hours Category I Credit.

23-25, Twenty First Annual Critical Care Symposium. Location: Kresgee Auditorium, Harper Hospital, Detroit, Michigan. **Sponsors:** Detroit Receiving Hospital and University Health Center, Wayne State University School of Medicine. **Contact:** Robert F. Wilson, MD, FACS, FCCM, Department of Surgery, Detroit Receiving Hospital and University Health Center, 4201 St. Antoine, Detroit, MI 48201, (313) 745-3484. **Approved for:** 16.5 hours Category I Credit.

24-25, The Phlebotomy Team. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Pathology. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 10 hours Category I Credit.

27-May 1, Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 33.5 hours Category I Credit.

30-May 2, 24th Annual Cancer Symposium "Cytometry 2000." Location: Hutzel Educational Center, Hutzel Hospital, Detroit, Michigan. **Sponsors:** Wayne State University School of Medicine and Harper Hospital. **Contact:** Wayne State University School of Medicine, Division of Hematology and Oncology, Department of Internal Medicine, Harper Hospital, 3990 John R., Detroit, MI 48201, (313) 577-8224. **Approved for:** 16.5 hours Category I Credit.

May

2-3, Regional Anesthesia: Anatomy & Techniques. Location: Wayne State University School of Medicine, Gordon Scott Hall, Detroit, Michigan. **Sponsors:** Wayne State University School of Medicine. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, University Health Center, 4201 St. Antoine, 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 10.5 hours Category I Credit.

4-9, All Michigan OB/GYN Review Course. Location: Laurel Manor Banquet and Conference Center, Livonia, Michigan. **Sponsors:** Wayne State University, University of Michigan and Michigan State University. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, University Health Center, 4201 St. Antoine, 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 35 hour Category I Credit.

13-14, Medicolegal Investigations of Death. Location: Radisson Hotel Detroit Metro Airport. **Sponsors:** Wayne State University School of Medicine, Department of Pathology. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, University Health Center, 4201 St. Antoine, 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 13 hours Category I Credit.

14-15, Vestibular Rehabilitation. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 12 hours Category I Credit.

14-15, Update: Evaluation and Management of Valvular Heart Disease. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine, Division of Cardiology. **Contact:** Edwina Borde, Registrar, Office of Continuing Medical Education, Towsley Center, P.O. Box 1157, Univer-

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CATEGORY I COURSES

Continued from page 57

sity Of Michigan Medical School, Ann Arbor, MI 48106-1157, (313) 936-9800. **Approved for:** 15 hours Category I Credit.

14-16, Evaluation and Management of Valvular Insufficiency: New Approaches for the 1990's. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

15-16, 64th Annual Ophthalmology Spring Postgraduate Conference. Location: University of Michigan, W.K. Kellogg Eye Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Angela Stewart, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 763-1400. **Approved for:** 13 hours Category I Credit.

18-19, Rodent Surgery in Research and Teaching. Location: Hotel St. Regis, Detroit, Michigan. **Contact:** Division of Continuing Medical Education, Wayne State University School Of Medicine, University Health Center, 4201 St. Antoine, 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 13 hours Category I Credit.

June

3-5, 19th Annual Symposium on Current Topics in Blood Banking. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 936-9800. **Approved for:** 12 hours Category I Credit.

11-12, Neurotrauma: Concepts, Current Management and Emerging Therapies. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsors:** Wayne State University School of Medicine, Department of Emergency Medicine and Departments of Neurosurgery,

Neurology, and Radiology. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, 4201 St. Antoine 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 13.5 hours Category I Credit.

22-26, Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek-Schuss Mountain, Bellaire, Michigan. **Sponsors:** University of Michigan Medical School, Department of Family Practice. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 936-9800. **Approved for:** 21 hours Category I Credit.

July

12-15, 6th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management. Location: Grand Traverse Resort Village, Grand Traverse Resort, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

August

3-6, Mackinac Island Imaging Conference. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** William Beaumont Hospital-Diagnostic Radiology. **Contact:** Mary Anne Smith, Diagnostic Radiology, William Beaumont Hospital, 3601 W. 13 Mile Rd., Royal Oak, MI 48073, (313) 551-6199. **Approved for:** 21 hours Category I Credit. ■

CLASSIFIEDS

The rate for classified advertising in *Michigan Medicine* is 80 cents per word, with a minimum charge of \$40.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

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Friday, May 29, 1992

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Epilepsy

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Neurological Emergencies

MRI ♦ Chronic Fatigue

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A fond farewell and some food for thought

By Robert D. Burton, MD

It is amazing to me how fast the past 12 months have flown by. In the next few weeks my term as MSMS president will be over.

During that time the very warm and always cordial reception that my wife and I have received from all of you during our visits to your areas have made our excursions exceedingly pleasant.

Discussing the difficult issues facing medicine as a whole, and also learning of your regional and local issues have helped form an approach which I believe will be beneficial to all of us in future health care delivery to our patients and all the citizens of the state of Michigan.

The happy times of renewing old friendships with medical associates, many from medical school days and other medical situations, have been personally very enjoyable. The chance to develop new friendships and to establish new lines of communication have been particularly broadening for me.

In reviewing and reflecting on my year of speaking to the media on the issues as they surfaced and as a representative of the MSMS policy on these issues, several future strategies come to mind.

First, we must develop a "farm" system to encourage young physicians to enter and advance along the lines of future leadership. This seems essential for the longevity of our state and local medical societies. Almost every physician, young or seasoned, has the innate leadership

ability or else they would not be where they are today.

Second, with a force of over 20 percent of the total practicing physician population, the international medical graduate has a great opportunity to influence medical practice in a very positive manner. This can take the form of participation

in the MSMS Section for International Medical Graduates or in assuming roles of leadership in national, state and local medical societies, as many IMGS already are doing.

Third, each one of us must take extra home study time to become knowledgeable about the current issues in the practice of our profession. Your personal involvement should not end when you close your office door at the end of a busy day

of practice. Spend a half hour after dinner learning the issues and then form constructive plans of action. You can put your plans into meaningful action by becoming involved in the political process through the routes of AMPAC and MDPAC. Through personal contact and contributions, help elect and support good legislators, especially those who will listen and understand the medical point of view on the issues.

You *can* have an enormous impact on the future of patient care, your medical practice approach and the noble profession of medicine. Your destiny is in your own hands- to have and to hold - OR LOSE!!

Doctor Burton is MSMS president.



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Contraindications: Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

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Bloodborne Pathogens and "Right to Know" Physicians must comply with new regulations

Included in this issue is
everything you need to
know to comply:

- ◆ An indepth explanation of OSHA's new bloodborne pathogens standard
- ◆ An inside look at a mock MIOSHA inspection
- ◆ A copy of the Federal Register for your office
- ◆ A model exposure control plan
- ◆ Schedule for Cleaning and Method of Decontamination
- ◆ An OSHA Training Record
- ◆ Hepatitis B Vaccination Declination Statement
- ◆ An explanation of "Right to Know" rules
- ◆ A sample Hazard Communication Plan
- ◆ Three "must have" documents for your office



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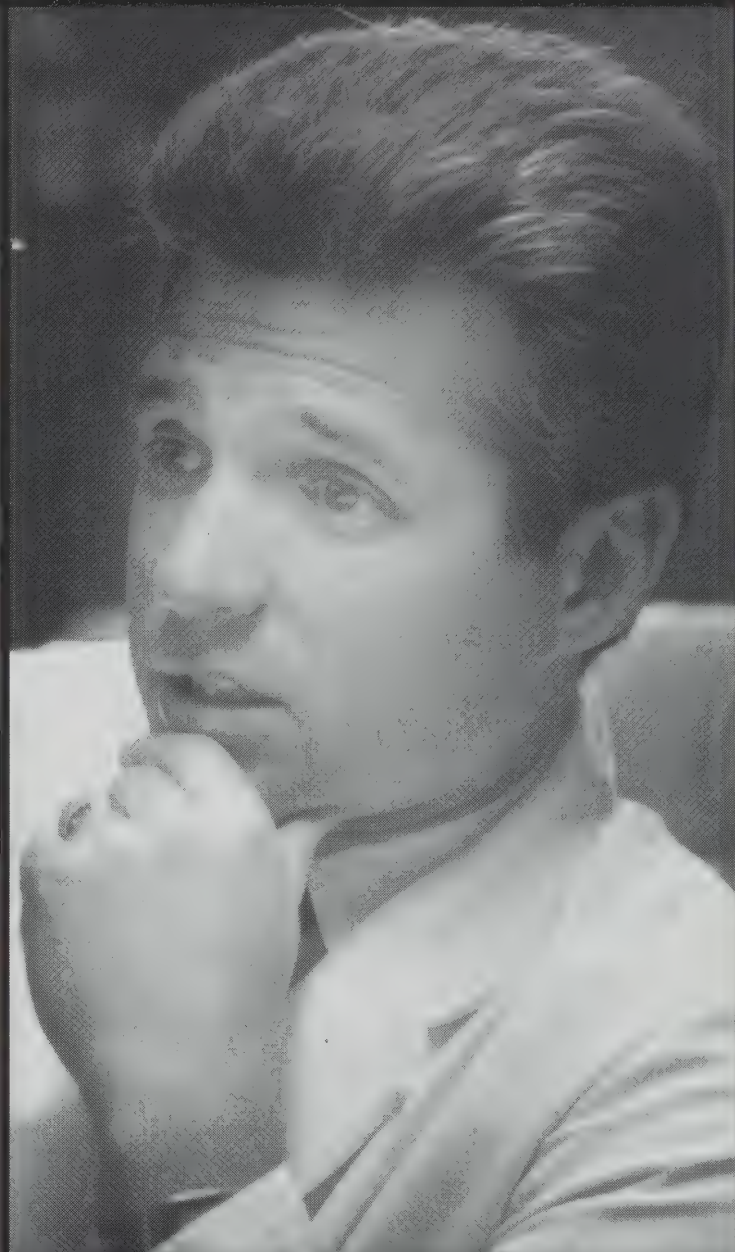
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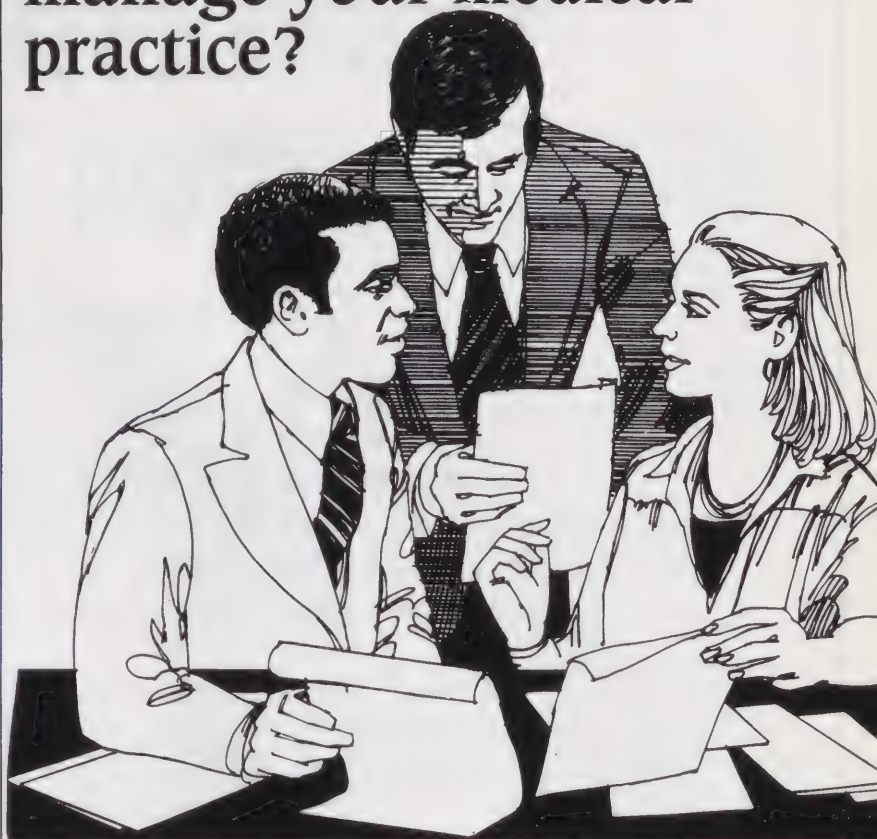
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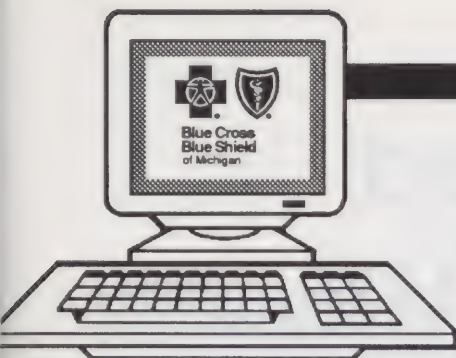
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MICHIGAN MEDICINE

MAY 1992

VOLUME 91, NO. 5

Award-Winning Journal of the Michigan State Medical Society

SPECIAL REPORT

Early this summer it is expected that Michigan will adopt emergency rules which will allow enforcement of the US Occupational Safety and Health Administration's (OSHA) new bloodborne pathogens standard (CFR 1910.1030) for up to one year or until a comparable Michigan rule is developed. Not unlike previous OSHA regulations, these regulations cover employees in the physicians' offices, hospitals, laboratories, and other health care facilities. This issue of *Michigan Medicine* provides a detailed explanation of OSHA's bloodborne pathogens standard. Also included is a review of MIOSHA's "Right to Know" regulations which address hazardous chemicals in health care facilities. Wherever possible, useful materials and documents have been inserted and perforated for easy removal and use. The Michigan State Medical Society is pleased to present this special report in *Michigan Medicine* as a service to its members.



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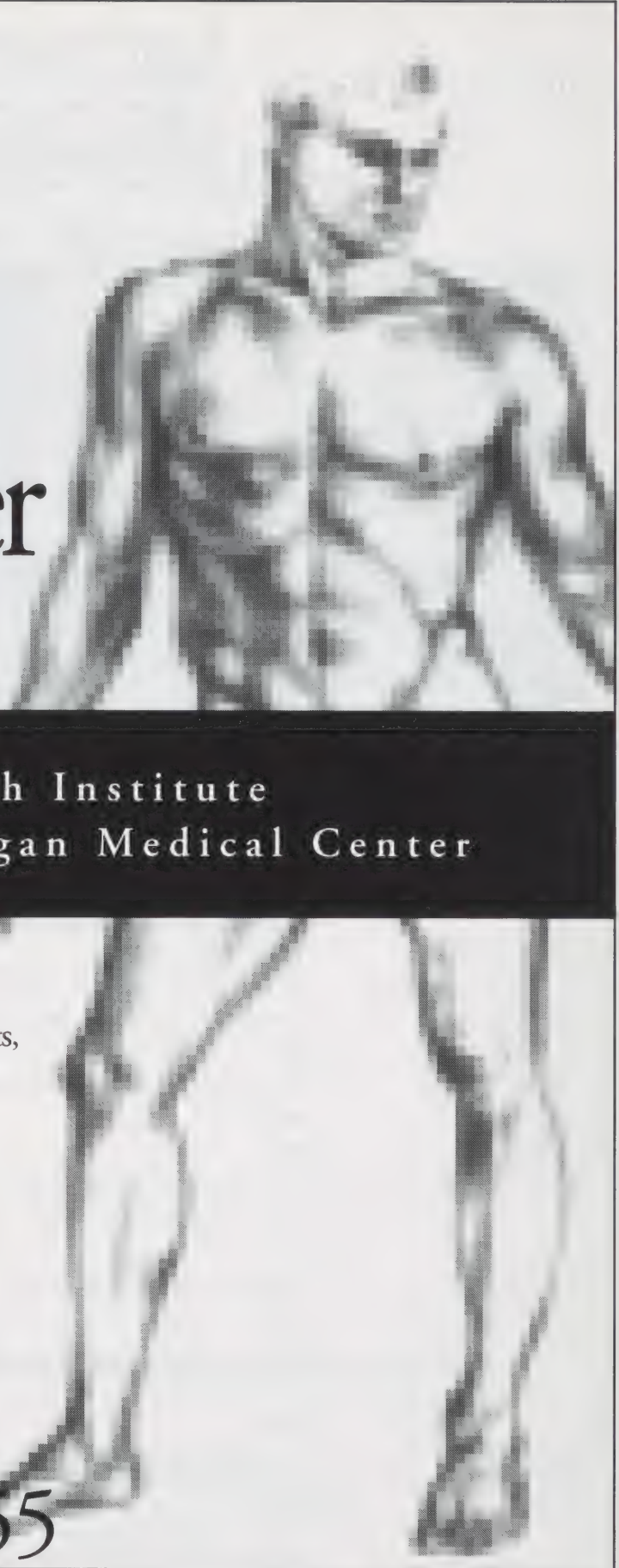
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Soundoff! provides MSMS members with the opportunity to voice their opinion about any issue they please. If you have an opinion you would like to share with your colleagues, write it down and send it to *Michigan Medicine*, PO Box 950, East Lansing, MI 48826-0950 Attn: Betty McNerney. We will do our best to publish your comments in a timely manner.

Glass ceiling

By Busharat Ahmad, MD

Upward mobility in the leadership of organized medicine is a difficult task at best for the uninitiated. For example, if your desire is to move up the ladder so that you may be able to run for the presidency of the American Medical Association, you have to start on the bottom rung working within the county medical society framework. Moving through the different positions to the presidency of the county society will take anywhere from four to five years, depending on the size of the county. Then you will spend another three to four years in the state medical society house of delegates and may be elected to the board of directors of the state medical society where you will serve for nine consecutive years. Somewhere along the line, you must have served as president of your state medical society. You might be elected to the delegation to the AMA from your state, but by the time you get the seniority to move to the level of a full delegate it takes you another four to five years. Then, if you want

to run for positions in the AMA House of Delegates and are lucky enough to run for the councils (which might take three to four years because of the name recognition needed), following your election you must serve for nine years on the councils. Remember, this is an important step if your desire is to run for the board of trustees of the AMA. After those nine years, you may run for the position on the board of trustees. If you are lucky enough to win, you can serve for six years on the board and may be elected to the president-elect position. From there, you stay on the board for three years as president and past-president.



Busharat Ahmad, MD

It doesn't take a mathematical genius to figure out that if you do plan to run for the presidency of the AMA you have to start working toward that goal while you are still in your diapers.

This ladder is difficult to ascend unless you play the games right and become part of the "good old boys' club." There is limited opportunity for an individual who is young or belongs to the minority representation and has bright ideas to enter this game.

Continued on following page

SOUND OFF!

Continued from page 7

Take the example of the 10 largest states in the country. The number of Afro-Americans, women, and IMGs is about 50 percent of the physician population in those states. Ironically, their state houses of delegates have less than 10 percent of those minorities and less than five percent in the delegations to the AMA. Actually, five of these states do not have a single minority on their delegations and three others have token delegates. In addition, the AMA councils consist of neither IMGs nor Afro-Americans.

It is no wonder these groups are looking for other avenues of organizing themselves and having their complaints addressed.

In planning for the future, all you have to do is see the number of medical students and realize that

50 percent of the students now being admitted are women — and a very large percentage of these students are second generation Americans of Asian and Hispanic descent. These students, these prospective physicians, look at the AMA and its structure and find no place for them in the AMA. The demographics indicate that by the year 2010 the majority of the physicians in this country will be females, IMGs, and second generation Americans, most of them being the sons and daughters of the IMGs in this country. The Afro-Americans will also make up a large percentage of the physician population. The typical physician that makes up the AMA and its structure today will be in minority tomorrow.

For the AMA and its component societies to place themselves in the

leadership role of the physicians of this country, they have to start recognizing the diversity of physicians that will comprise the health care manpower in 2010. It's not too late for organized medicine to plan for their future and attract all physicians into their folds. It will take major changes in the policies and outlook of the organization to break the glass ceiling and even the glass walls that surround the AMA today.

Let us plan for the future of health care and the physicians of this country in an open-minded, democratic fashion. Making the best use of the physician population in this country will provide the best possible health care to the citizens of this magnificent land of ours.

Doctor Ahmad, a Marquette ophthalmologist, is chairman of the AMA IMG Advisory Committee.

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A monthly update of key MSMS activities

MSMS candidates seek offices at AMA House of Delegates

The 22-member Michigan Delegation to the AMA will travel to Chicago for the AMA's semiannual House of Delegates meeting June 21-25. Headed by Chairman Billy Ben Baumann, MD, Pontiac, and Vice Chairman Robert D. Allaben, MD, Detroit, Michigan's delegation will join more than 400 delegates from around the country to consider about 200 resolutions.

Highlights of this year's AMA meeting include the candidacies of MSMS members for AMA offices. Frank B. Walker, MD, Grosse Pointe Farms, is seeking reelection to the AMA Board of Trustees. Former MSMS President Susan H. Adelman, MD, Southfield, is campaigning for a spot on the AMA Council on Medical Services. MSMS Board member Peter A. Duhamel, MD, Rochester Hills, currently vice chairman of the AMA Hospital Medical Staff Section, is running for the chairmanship of that section.

MSMS Board member Charles C. Vincent, MD, Southfield, withdrew his candidacy for a seat on the AMA Council on Education to run for Congress in Michigan's 15th Congressional District.

June risk management seminars target specialties

Reducing professional liability exposure in Michigan's litigious climate has become a must for physicians. That's why MSMS and the Michigan Physicians Mutual Liability Company (MPMLC) offer year-round seminars on how physicians can reduce their risk of a lawsuit. In June MSMS and MPMLC will target risk management for radiologists and physicians in emergency medicine. Participants will look at closed medical malpractice claims for tips they can apply to their practices. Sessions are convenient, packed into 60-90 minutes, and provide three Category I CME credits. Call the MSMS Office of Physician Education at (517) 337-1351 for details.

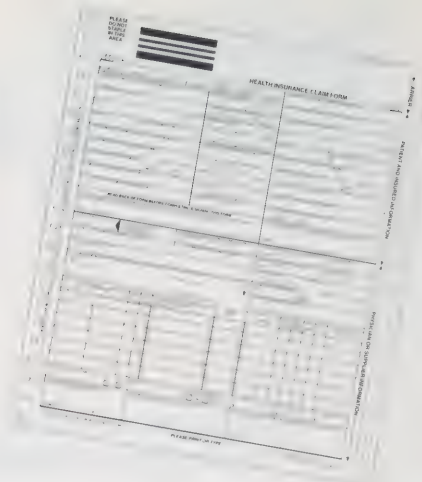
MIOSHA seminar to cover state/federal requirements

Next month the federal government will require physician compliance with a standard designed to protect employees from bloodborne disease exposure. To inform physicians of new requirements, MSMS is presenting the seminar "How to Comply with MIOSHA Regulations." Sessions, offered this summer and fall, will cover federal Occupational Safety and Health Administration (OSHA) requirements on bloodborne pathogens. They'll also review Michigan Occupational Safety and Health Act (MIOSHA) regulations regarding employee right-to-know and hazard communications. For information, call the MSMS Office of Physician Education at (517) 337-1351.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517/337-1351.

Let's Set the Record Straight on the New HCFA1500 Claim Form

Medicare has been giving out
misleading information
causing confusion and anxiety.



New Form Acceptance

Medicare Claimed: The New HCFA1500 Claim Form was not going to be the form they were going to use.

***FACT:** Medicare did not recognize the New HCFA1500 Claim Form as their new form until January 1992. Professional Health Care Forms had been providing this form for 2 months and knew about it 6 months before that.*

Where Can You Purchase These Forms?

Medicare Claimed: You must purchase the New HCFA1500 Claim Form from the Government Printing Office (GPO).

***FACT:** There are several qualified vendors that can provide you with the New HCFA1500 Claim Form including Professional Health Care Forms. In fact, our forms are even better since we use carbonless paper on the multipart forms rather than MESSY carbon paper.*

Barcodes - Yes or No?

Medicare Claimed: During some seminars consultants have said Michigan needs barcoding otherwise claims will be rejected.

***FACT:** The decision has yet to be made at the time this article was written. Forms without barcodes will be accepted - you do not have to return the non-barcode forms to your supplier if you have already purchased them. If the decision to require barcodes is made, you can then purchase the barcode version when your current supply runs out. By purchasing your forms from Professional Health Care Forms, you are insured of getting the right form at the right price.*

Even More Changes Due?

Medicare Claimed: They will be making changes to the New HCFA1500 Claim Form.

***FACT:** No one has the authority to make changes at the state level, including Medicare of Michigan. All changes must come from the federal level. There are no revisions being made to the form at this time.*

Need Help Filling Out the New HCFA1500?

Professional Health Care Forms will provide an 8 page block by block instruction sheet - **FREE** with your purchase of forms. Others may obtain these instructions by sending a check for \$5.00 (shipping and handling) to Professional Health Care Forms, P.O. Box 49, Kalamazoo, MI 49005.

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MSMS Reimbursement Roundup

By Joyce Nurenberg

MSMS REIMBURSEMENT OMBUDSMAN



Reimbursement Roundup addresses third party payer reimbursement issues affecting physician practices. Comments and problems brought to the attention of the Reimbursement Ombudsman are routinely shared with the Liaison Committee with Blue Cross Blue Shield of Michigan and its Subcommittee on Medicare Carrier Problems.

HCFA 1500 Update

The final box-by-box instructions for completing the HCFA 1500 claim form were mailed to all subscribers of *The Record* the week of April 6. Read them carefully. The following should help you through some of the instructions and answer questions raised in the seminar sessions held earlier this year. There have been numerous changes.

Boxes 9, 9a-d, 10d, 11, 11a-c are important to understand because they ask for specific information when certain situations arise. Let me illustrate different situations to make it clear for you.

Secondary (supplementary) Payment Information

Boxes 9, 9a-d are used primarily for secondary information after Medicare. Secondary payor information must be reported for each occurrence if you want the payor information to be transferred.

The transfer of payor information, however, does not guarantee the insurance company will pay. It is advised that you check with the secondary insurance. If they do not pay in a "reasonable amount of time," you should rebill.

Medicare and Medicaid, Medicare and BCBSM, Medicare and no other insurance

Medicare does not have the capability to transfer payor information to Medicaid, so simply enter "NA" in box 9. Boxes 9a-d will remain blank in the above situations.

You would repeat the instructions for any secondary carrier to which you are *not* asking Medicare to send payor information. Payor information is sent automatically to BCBSM so you can follow the same guidelines as above in situations listing complimentary BCBSM and FEP.

Medicare and a Medigap Insurance

Medicare will transfer payor information to any secondary payor that meets the definition of a Medigap insurance and if you are a participating physician. Boxes 9, 9a-d, 10d, 13, 25 and 27 must also be completed. Medicare will not transfer payor information on behalf of physicians that are non-participating and accepting assignment unless there is an existing transfer agreement between those secondary payors and Medicare. (See definition of Medigap insurance in the instruction booklet.)

- box 9 Same (as box 2) or list insured's name
- box 9a Medigap followed by the contract or policy number
- box 9b blank or other insured's birthdate and sex
- box 9c address of insurance company
- box 9d insurance name and Other Carrier Name and Ad-

dress (OCNA) number, if applicable. The list of 2-digit OCNA numbers is included in the instruction booklet.

If the OCNA number is entered in box 9d, you need not list the address in box 9c.

box 10d Type "MG"

box 13 See instructions, note that the signature for secondary insurers must be on file as a separate authorization from the Medicare authorization.

box 25 Federal Tax Identification number or Employer Identification number

box 27 Assignment status must be checked "yes."

Medicare and an Employer Supplementary Insurance

Medicare will not transfer payor information to insurers that meet the definition of Employer Supplementary.

See definition of employer supplementary in the instruction booklet.

The boxes are completed the same as above, except:

- box 9a employer supp followed by the contract or policy number
- box 10d Type "SP"

Medicare as the Secondary Payor

Boxes 4, 7, 11a-c are BLANK **except** when Medicare is the Secondary Payor. Record charges in box 24f, total in box 28, balance due in box 30 and attach the voucher. Do not record primary insurance payments in box 29.

Continued on following page

Reimbursement Roundup

Continued from page 13

- box 4 same(as 2) or list insureds name
- box 7 same(as 5) or list insureds address
- box 11 insured's policy or group number
- box 11a blank or insured's birth-day and sex
- box 11b Report situation as to why their Medicare is secondary; i.e., is it due to group insurance, disability, auto accident, etc. See instructions for a complete list. Enter employer/school name if applicable, followed by the situation that applies.
- box 11c Insurance name and state
- box 10d Type "MSP"
- boxes 9c-d two lines given to record address of primary insurance boxes 9, 9a-b should be left blank.

Other Important Information

- box 11d Mandatory for every claim. The box should be marked as a "no" unless there is another primary insurance other than Medicare.
- box 17a Effective May 1, you are required to report the Unique Performing Identification Number (UPIN) of the performing and ordering physician when they are the same. This is a new requirement in addition to the earlier instructions.

For example, when tests are ordered on the date you are doing a consult in your office you will need to report the UPIN of the physician that ordered the consult and you will need to report your personal UPIN number if you order diagnostic laboratory or radiology services. In this situation,

you would need to bill on two claims.

UPIN SLF000 is used by ambulance services when applicable. Use your personal UPIN number for confirmatory consults.

Use OTH000 in those situations that require a UPIN when the physician does not have one. It is also used for those who do not have one and do not qualify for any of the surrogate numbers listed in the packet.

box 24e Multiple reference numbers can be reported on the same line. Allow for space between each reference number. Do not use commas. **Be sure to report the primary diagnosis first.**

box 24k This box is for those who bill under a common provider code. This box is to report the last 3 digits of the Performing Physician Identification number (PPI).

box 29 Report the amount paid by beneficiary on assigned claims or type "0". (Box is not for other insurance payments.)

box 31 You can use an ink hand stamp in this box.

box 33 You can NOT use ink hand stamp in this box.

There is no place on the form to note an attachment; however, you can staple at the bottom center of the form.

The Health Care Financing Administration's instructions report required information. We have learned the following boxes, if not completed, will not cause the claim to reject at this time.

We will seek an update if this should change in the future, however, be aware that often there is a time delay between implementa-

tion of such a change by the carrier and our ability to notify you. Watch Medigram and Michigan Medicine for updates.

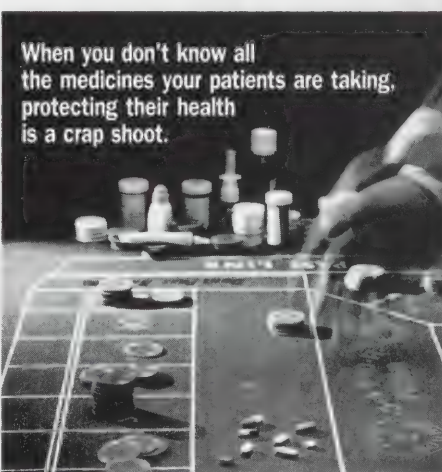
box 6 patient relationship to insured

box 9 Type "NA" when applicable

box 9b and 11a birthdate and sex of insured when it is not the patient (This box is blank when the patient is the subscriber.)

box 29 Instructions say to type "0"

Again, I advise you to read the instruction booklet carefully. ■



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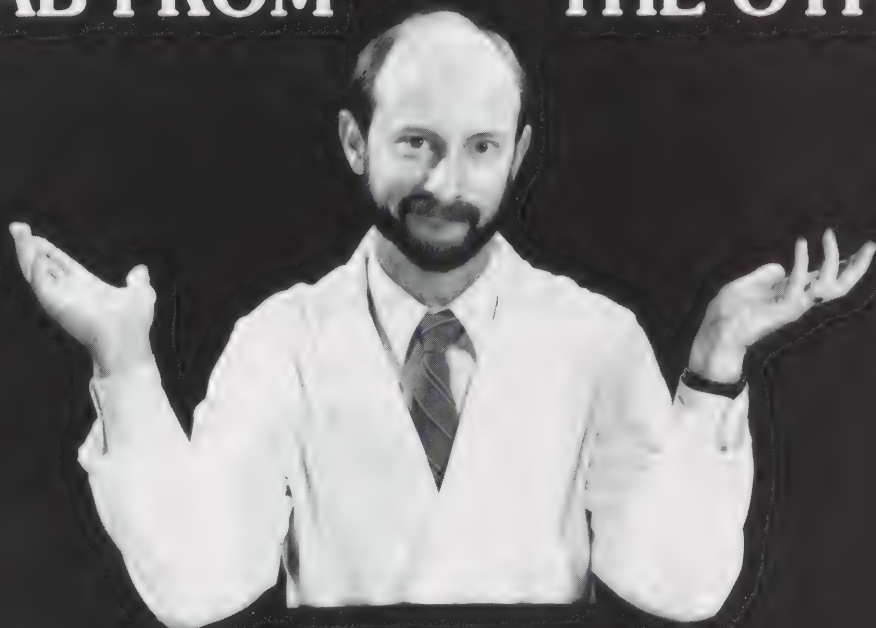
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Bloodborne Pathogens & Right To Know

*A Physician's Guide
to Miosha Regulations*



AN INDEPTH EXPLANATION OF OSHA'S NEW BLOODBORNE PATHOGENS STANDARD	19	THIS SPECIAL REPORT INCLUDES:	A SAMPLE HAZARD COMMUNICATION PLAN	45
AN INSIDE LOOK AT A MOCK MIOSHA INSPECTION	25	SCHEDULE FOR CLEANING AND METHOD OF DECONTAMINATION	MICHIGAN "RIGHT TO KNOW" DOCUMENT	24-25
A COPY OF THE FEDERAL REGISTER WHICH ALL PHYSICIANS MUST HAVE IN THEIR OFFICES	29	AN OSHA TRAINING RECORD AND HEPATITIS B VACCINATION DECLINATION STATEMENT	MATERIAL SAFETY DATA SHEET DOCUMENT	40-41
A MODEL EXPOSURE CONTROL PLAN	37	AN EXPLANATION OF "RIGHT TO KNOW" REGULATIONS	PROTECTION ON THE JOB DOCUMENT	48-49

INTRODUCTION

Early this summer it is expected that Michigan will adopt emergency rules which will allow enforcement of the US Occupational Safety and Health Administration's (OSHA) new bloodborne pathogens standard (29 CFR 1910.1030). These rules will be in effect for up to one year or until a comparable Michigan rule is developed.

OSHA issued new regulations in December 1991 to minimize the transmission of HIV, Hepatitis B and other infectious diseases to employees while in the workplace.

Not unlike previous OSHA regulations, these regulations cover employees in physicians' offices, hospitals, laboratories, and other health care facilities.

This issue of *Michigan Medicine* provides a detailed explanation of OSHA's bloodborne pathogens standard. Included are samples of the required Exposure Control Plan, Hepatitis B Vaccination Declination Statement, OSHA Training Record, Cleaning and Decontamination Plan, and a copy of the federal regulations.

Also featured in this issue of *Michigan Medicine* is a review of MIOSHA's "Right to Know" regulations which address hazardous chemicals in health care facilities. "Right to Know" requires a written hazard communication plan, proper labeling and storage of all hazardous chemicals, training and education of employees, maintenance of material safety data sheets, and three documents in the workplace. Accompanying this explanation are copies of MIOSHA's "Right to Know" documents.

Wherever possible, useful materials and documents have been perforated for easy removal and use. The Michigan State Medical Society is pleased to present this special issue of *Michigan Medicine* as a service to its members.

MSMS wishes to express its gratitude to the following individuals for their undivided attention and guidance in helping to collect and interpret these regulations: Gregg Grubb and Chris A. Passamani, both certified industrial hygienists with the Michigan Department of Public Health, Occupational Health Division, On-Site Consultation Section. We also wish to express a sincere thanks to MSMS Board member Thomas D. Harris, MD, and to James W. Wilkins, MD, for agreeing to the mock inspection of their practice.

The Occupational Safety and Health Administration (OSHA) was established by the United States Congress in 1970 to develop and implement mandatory job safety and health requirements for all employers in the United States. OSHA is also responsible for maintaining a reporting and recordkeeping system to monitor job-related injuries and illnesses.

Michigan is one of 23 states which have developed a state job safety and health program, in lieu of coverage by federal OSHA. Michigan's occupational safety and health program (MIOSHA), enforced through the Michigan Department of Labor and the Michigan Department of Public Health, is required to provide rules which are at least as effective as federal OSHA standards.

Bloodborne Pathogens and Acute Care Facilities

According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and related occupations are at risk of exposure to bloodborne pathogens, such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses, and other potentially infectious materials. Of these health care workers, approximately three million comprise hospitals, physicians' offices, and government clinics.

OSHA recognizes the need for regulation that prescribes safeguards to protect these workers against the health hazards from exposure to blood and certain body fluids, including bloodborne pathogens.

The following article is designed to help employers and employees in acute care settings in understanding and complying with OSHA's regulation on bloodborne pathogens, published on December 6, 1991, in 29 CFR 1910.1030 and is in effect as of March 6, 1991 (see Table 1 for compliance calendar). This article outlines and summarizes the requirements of the standard and informs acute care workers of the risks of occupational exposure to blood-borne pathogens and how to reduce these risks.

Who is Covered?

The OSHA standard protects employees who may be occupationally exposed to blood and other potential infectious materials, which includes but is not limited to, physicians, nurses, phlebotomists, emergency medical personnel, operating room personnel, therapists, orderlies, laundry workers, and other health care workers.

Blood means human blood, blood products, or blood components. Other potentially infectious materials include human body fluids such as saliva in dental procedures; semen; vaginal secretions; cerebro-spinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; unfixed human tissues or organs; HIV-containing cell or tissue cultures; and HIV or HBV-containing culture mediums or other solutions.

Occupational exposure means a "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties."

Continued on following page

PERSONAL PROTECTIVE EQUIPMENT CUTS RISK

The new OSHA standard covering bloodborne diseases requires employers to provide appropriate personal protective equipment (PPE) and clothing free of charge to employees.

SELECTING PPE

- Personal protective clothing and equipment must be suitable. This means the level of protection must fit the expected exposure.
- PPE may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The gear must be readily accessible to employees and available in appropriate sizes.

DECONTAMINATING AND DISPOSING OF PPE

- Employees must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

OTHER PROTECTIVE PRACTICES

- If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible.
- Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.

Table 1. Compliance Calendar

Effective Date of the Standard	3/6/92
Exposure Control Plan	5/5/92
Information and Training of Employee Hazard Communication	6/4/92
Recordkeeping	6/4/92
Engineering/Work Practices	7/6/92
Personal Protective Equipment	7/6/92
Hepatitis B Vaccination and Post-Exposure Followup	7/6/92
Labels and Signs	7/6/92
Housekeeping	7/6/92
Other Provisions	7/6/92

Federal OSHA authority extends to all private sector employers with one or more employees, as well as federal civilian employees. In addition, many states administer their own occupational safety and health programs through plans approved under section 18(b) of the OSHA act. These plans must adopt standards and enforce requirements that are at least as effective as federal requirements. Of the current 25 state plan states and territories, 23 cover the private and public (state and local governments) sectors and two cover the public sector only.

Determining occupational exposure and instituting control methods and work practices appropriate for specific job assignments are key requirements of the standard. The required written exposure control plan and methods of compliance show how employee exposure can be minimized or eliminated.

The Exposure Control Plan

A written exposure control plan is necessary for the safety and health of workers. At a minimum, the plan must include the following:

- Identify job classifications where there is exposure to blood or other potentially infectious materials.

- Explain the protective measures currently in effect in the acute care facility and/or a schedule and methods of compliance to be implemented, including hepatitis B vaccination and post-exposure followup procedures; how hazards are communicated to employees; personal protective equipment; housekeeping; and recordkeeping.

- Establish procedures for evaluating the circumstances of an exposure incident.

The schedule of how and when the provisions of the standard will be implemented may be a simple cal-

endar with brief notations describing the compliance methods, an annotated copy of the standard, or a part of another document, such as the infection control plan.

The written exposure control plan must be available to workers and OSHA representatives and updated at least annually or whenever changes in procedures create new occupational exposures.

Who Has Occupational Exposure?

The exposure determination must be based on the definition of occupational exposure **without regard to personal protective clothing and equipment**. Exposure determination begins by reviewing job classifications of employees within the work environment and then making a list divided into two groups: job classifications in which **all** of the employees have occupational exposure, and those classifications in which **some** of the employees have occupational exposure.

Where **all** employees are occupationally exposed, it is not necessary to list specific work tasks. Some examples include phlebotomists, lab technicians, physicians, nurses, nurses aides, surgical technicians, and emergency room personnel.

Where only **some** of the employees have exposure, specific tasks and procedures causing exposure must be listed. Examples include ward clerks or secretaries who occasionally handle blood or infectious specimens, and housekeeping staff who may be exposed to contaminated objects and/or environments some of the time.

When employees with occupational exposure have been identified, the next step is to communicate the hazards of the exposure to the employees.

Communicating Hazards to Employees

The initial training for current employees must be scheduled within 90 days of the effective date of the bloodborne pathogens standard, at no cost to the employee, and during working hours. Training also is required for new workers at the time of their initial assignment to tasks with occupational exposure or when job tasks change, causing occupational exposure, and annually thereafter.

Training sessions must be comprehensive in nature, including information on bloodborne pathogens as well as on OSHA regulations and the employer's exposure control plan. The person conducting the training must be knowledgeable in the subject matter as it relates to acute care facilities.

Specifically, the training program must do the following:

- Explain the regulatory text and make a copy of the regulatory text accessible.
- Explain the epidemiology and symptoms of bloodborne diseases.
- Explain the modes of transmission of bloodborne pathogens.
- Explain the employer's written exposure control plan.
- Describe the methods to control transmission of HBV and HIV
- Explain how to recognize occupational exposure.
- Inform workers about the availability of free hepatitis B vaccinations, vaccine efficacy, safety, benefits, and administration.
- Explain the emergency procedures for and reporting of exposure incidents.
- Inform workers of the post-exposure evaluation and followup available from health care professionals.
- Describe how to select, use, remove, handle, decontaminate,

and dispose of personal protective clothing and equipment.

- Explain the use and limitations of safe work practices, engineering controls, and personal protective equipment.
- Explain the use of labels, signs, and color coding required by the standard.
- Provide a question and answer session on training.

In addition to communicating hazards to employees and providing training to identify and control hazards, other preventive measures also must be taken to ensure employee protection. Preventive measures such as Hepatitis B vaccination, universal precautions, engineering controls, safe work practices, personal protective equipment, and housekeeping measures help reduce the risks of occupational exposure.

Preventive Measures—Hepatitis B Vaccination

The Hepatitis B vaccination series must be made available within 10 working days of initial assignment to every employee who has occupational exposure. The Hepatitis B vaccination must be made available without cost to the employee, at a reasonable time and place for the employee, by a licensed health care professional, and according to recommendations of the US Public Health Service, including routine booster doses.

The health care professional designated by the employer to implement this part of the standard must be provided with a copy of the bloodborne pathogens standard. The health care professional must provide the employer with a written opinion stating whether the Hepatitis B vaccination is indicated for the employee and whether the employee has received such vaccination.

Employers are not required to offer Hepatitis B vaccination (a) to employees who have previously completed the Hepatitis B vaccination series, (b) when immunity is confirmed through antibody testing, or (c) if vaccine is contra-indicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving Hepatitis B vaccination. Employees who decline the vaccination may request and obtain it at a later date, if they continue to be exposed. Employees who decline to accept the Hepatitis B vaccination must sign a declination form, indicating they were offered the vaccination, but refused it.

Universal precautions

The single most important measure to control transmission of HBV and HIV is to treat all human blood and other potentially infectious materials as if they were infectious for HBV and HIV. Application of this approach is referred to as "universal precautions." *Blood, and certain body fluids from all acute care patients should be considered as potentially infectious materials.*⁶ These fluids cause contamination, defined in the standard as, "the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface."

Methods of Control Engineering and Work Practice Controls

Engineering and work practice controls are the primary methods used to control the transmission of HBV and HIV in acute care facilities. Engineering controls isolate or remove the hazard from employees and are used in conjunction with work practices. Personal protective equipment also shall be used when occupational exposure to bloodborne pathogens remains even after instituting these controls. Engineer-

ing controls must be examined and maintained, or replaced, on a scheduled basis. Some engineering controls that apply to acute care facilities and are required by the standard include the following:

- Use puncture-resistant, leak-proof containers, color coded red or labeled, according to the standard (see Table 2), to discard contaminated items like needles, broken glass, scalpels, or other items that could cause a cut or puncture wound.
 - Use puncture-resistant, leak-proof containers, color-coded red or labeled to store contaminated reusable sharps until they are properly reprocessed.
 - Store and process reusable contaminated sharps in a way that ensures safe handling. For example, use a mechanical device to retrieve used instruments from soaking pans in decontamination areas.
 - Use puncture-resistant, leak-proof containers to collect, handle, process, store, transport, or ship blood specimens and potentially infectious materials. Label these specimens if shipped outside the facility. Labeling is not required when specimens are handled by employees trained to use universal precautions with all specimens and when these specimens are kept within the facility.
- Similarly, work practice controls reduce the likelihood of exposure by altering the manner in which the task is performed. All procedures shall minimize splashing, spraying, splattering, and generation of droplets. Work practice requirements include the following:
- Wash hands when gloves are removed and as soon as possible after contact with blood or other potentially infectious materials.
 - Provide and make available a mechanism for immediate eye ir-

Continued on following page

rigation, in the event of an exposure incident.

- Do not bend, recap, or remove contaminated needles unless required to do so by specific medical procedures or the employer can demonstrate that no alternative is feasible. In these instances, use mechanical means such as forceps, or a one-handed technique to recap or remove contaminated needles.
- Do not shear or break contaminated needles.
- Discard contaminated needles and sharp instruments in puncture-resistant, leakproof, red or biohazard-labeled (see also Figure 1) containers⁷ that are accessible, maintained upright, and not allowed to be overfilled.
- Do not eat, drink, smoke, apply cosmetics, or handle contact lenses in areas of potential occupational exposure. (Note: use of hand lotions is acceptable.)
- Do not store food or drink in refrigerators or on shelves where blood or potentially infectious materials are present.
- Use RED, or affix biohazard labels to, containers to store, transport or ship blood or other potentially infectious materials, such as lab specimens.
- Do not use mouth pipetting to suction blood or other potentially infectious materials; it is prohibited.

Personal Protective Equipment

In addition to instituting engineering and work practice controls, the standard requires that appropriate personal protective equipment be used to reduce worker risk of exposure. Personal protective equipment is specialized clothing or equipment used by employees to protect against direct exposure to blood or other potentially infec-

tious materials. Protective equipment must not allow blood or other potentially infectious materials to pass through to workers' clothing, skin, or mucous membranes. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, and eye protection.

The employer is responsible for providing, maintaining, laundering, disposing, replacing, and assuring the proper use of personal protective equipment. The employer is responsible for ensuring that workers have access to the protective equipment, at no cost, including proper sizes and types that take allergic conditions into consideration.

An employee may temporarily and briefly decline to wear personal protective equipment **under rare and extraordinary circumstances** and when, in the employee's professional judgment, it prevents the delivery of health care or public safety services or poses an increased, or life-threatening, hazard to employees. In general, **appropriate personal protective equipment is expected to be used whenever occupational exposure may occur.**

The employer also must ensure that employees observe the following precautions for safely handling and using personal protective equipment:

- Remove all personal protective equipment immediately following contamination and upon leaving the work area, and place in an appropriately designated area or container for storing, washing, decontaminating, or discarding.
- Wear appropriate gloves when contact with blood, mucous membranes, non-intact skin, or potentially infectious materials is anticipated; when performing vascular access procedures⁸,

and when handling or touching contaminated items or surfaces.

- Provide hypoallergenic gloves, liners, or powderless gloves or other alternatives to employees who need them.
- Replace disposable, single-use gloves as soon as possible when contaminated, or if torn, punctured, or barrier function is compromised.
- Do not reuse disposable (single-use) gloves.
- Decontaminate reusable (utility) gloves after each use and discard if they show signs of cracking, peeling, tearing, puncturing, deteriorating, or failing to provide a protective barrier.
- Use full face shields or face masks with eye protection, goggles, or eye glasses with side shields when splashes of blood and other bodily fluids may occur and when contamination of the eyes, nose, or mouth can be anticipated (e.g., during invasive and surgical procedures).
- Also wear surgical caps or hoods and/or shoe covers or boots when gross contamination may occur, such as during surgery, and autopsy procedures.

Remember: The selection of appropriate personal protective equipment depends on the quantity and type of exposure expected.

Housekeeping Procedures Equipment

The employer must ensure a clean and sanitary workplace. Contaminated work surfaces must be decontaminated with a disinfectant upon completion of procedures or when contaminated by splashes, spills, or contact with blood, other potentially infectious materials, and at the end of the work shift. Surfaces and equipment protected with plastic wrap, foil, or other nonabsorbent materials must be inspected frequently for

contamination; and these protective coverings must be changed when found to be contaminated.

Waste cans and pails must be inspected and decontaminated on a regularly scheduled basis. Broken glass should be cleaned up with a brush or tongs; never pick up broken glass with hands, even when wearing gloves.

Waste

Waste removed from the facility is regulated by local and state laws. Special precautions are necessary when disposing of contaminated sharps and other contaminated waste, and include the following:

- Dispose of contaminated sharps in closable, puncture-resistant, leakproof, red or biohazard-labeled containers (see Table 2).
- Place other regulated waste in closable, leakproof, red or biohazard-labeled bags or containers. If outside contamination of the regulated waste container occurs, place it in a second container that is closable, leakproof, and appropriately labeled.

Laundry

Laundering contaminated articles, including employee lab coats and uniforms meant to function as personal protective equipment, is the responsibility of the employer. Contaminated laundry shall be handled as little as possible with minimum agitation. This can be accomplished through the use of a washer and dryer in a designated area on site, or the contaminated items can be sent to a commercial laundry. The following requirements should be met with respect to contaminated laundry:

- Bag contaminated laundry as soon as it is removed and store in a designated area or container.
- Use red laundry bags or those marked with the biohazard sym-

bol. Unless universal precautions are in effect in the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.

- Clearly mark laundry sent off-site for cleaning, by placing it in RED bags or bags clearly marked with the orange biohazard symbol; and use leak-proof bags to prevent soak-through.
- Wear gloves or other protective equipment when handling contaminated laundry.

What to Do if an Exposure Incident Occurs

An exposure incident is the specific eye, mouth or other mucous membrane, non-intact skin, parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An example of an exposure incident would be a puncture from a contaminated sharp.

The employer is responsible for establishing the procedure for evaluating exposure incidents.

When evaluating an exposure incident, immediate assessment and confidentiality are critical issues. Employees should immediately report exposure incidents to enable timely medical evaluation and followup by a health care professional as well as a prompt request by the employer for testing of the source individual's blood for HIV and HBV. The "source individual" is any patient whose blood or body fluids are the source of an exposure incident to the employee.

At the time of the exposure incident, the exposed employee must be directed to a health care professional. The employer must provide the health care professional with a copy of the bloodborne pathogens standard, a description of the employee's job duties as they re-

late to the incident, a report of the specific exposure, including route of exposure, relevant employee medical records, including Hepatitis B vaccination status, and results of the source individual's blood tests, if available. At that time, a baseline blood sample should be drawn from the employee, if he/she consents. If the employee elects to delay HIV testing of the sample, the health care professional must preserve the employee's blood sample for at least 90 days.¹⁰

Testing the source individual's blood does not need to be repeated if the source individual is known to be infectious for HIV or HBV; and testing cannot be done in most states without written consent.¹¹ The results of the source individual's blood tests are confidential. As soon as possible, however, the test results of the source individual's blood must be made available to the exposed employee through consultation with the health care professional.

Following post-exposure evaluation, the health care professional will provide a written opinion to the employer. This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for any further evaluation or treatment. The employer must provide a copy of the written opinion to the employee within 15 days. This is the only information shared with the employer following an exposure incident; all other employee medical records are confidential.

All evaluations and followup must be available at no cost to the employee and at a reasonable time and place, performed by or under the supervision of a licensed physician or another licensed health care professional, such as a nurse practitioner, and according to recommendations of the US Public

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"I never forget what it means to be a doctor, and what it means is embodied in the American Medical Association Principles of Medical Ethics."

Dr. Aliza Lifshitz
Los Angeles, California

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Members of the AMA are encouraged to join their state, county, and specialty societies.

American Medical Association
Physicians dedicated to the health of America



Continued from page 23

Health Service guidelines current at the time of the evaluation and procedure. In addition, all laboratory tests must be conducted by an accredited laboratory and at no cost to the employee.

Recordkeeping

There are two types of records required by the bloodborne pathogens standard; medical and training.

A medical record must be established for each employee with occupational exposure. This record is confidential and separate from other personnel records. This record may be kept on-site or may be retained by the health care professional who provides services to employees. The medical record contains the employee's name, social security number, Hepatitis B vaccination status, including the dates of vaccination and the written opinion of the health care professional regarding the Hepatitis B vaccination. If an occupational exposure occurs, reports are added to the medical record to document the incident and the results of testing following the incident. The post-evaluation written opinion of the health care professional is also part of the medical record. The medical record also must document what information has been provided to the health care provider. Medical records must be maintained 30 years past the last date of employment of the employee.

Emphasis is on confidentiality of medical records. No medical record or part of a medical record should be disclosed without direct, written consent of the employee or as required by law.

Training records document each training session and are to be kept for three years. Training records must include the date, content outline, trainer's name and qualifica-

tion, and names and job titles of all persons attending the training sessions.

If the employer ceases to do business, medical and training records are transferred to the successor employer. If there is no successor employer, the employer must notify the Director of the National Institute for Occupational Safety and Health, US Department of Health and Human Services, for specific directions regarding disposition of the records at least three months prior to disposal.

Upon request, both medical and training records must be made available to the Assistant Secretary of Labor for Occupational Safety and Health. Training records must be available to employees upon request. Medical records can be obtained by the employee or anyone having the employee's written consent.

Additional recordkeeping is required for employers with 11 or more employees (see OSHA's Recordkeeping Guidelines for Occupational Injuries and Illnesses for more information). ■

The information for this special report was gathered and prepared by Sandra Bitonti, assistant for legislative affairs for MSMS. Michigan Medicine staff extends a heartfelt thanks to Sandra for her dedication and guidance. Anyone with questions or concerns regarding this information, or anything else pertaining to MIOSHA regulations, may contact Sandra at MSMS, (517) 337-1351.

NEW or REVISED MSDS

[MATERIAL SAFETY
DATA SHEETS]



As Required by the
**MICHIGAN
RIGHT TO
KNOW LAW**

TO BE POSTED THROUGHOUT
THE WORKPLACE NEXT TO
MSDS LOCATION POSTERS

NEW OR REVISED TITLE

RECEIPT DATE

POSTING DATE

LOCATION OF NEW OR REVISED MSDS

MISHA

Michigan Occupational Safety and Health Act

MIOSHA Mock Inspection:

INSPECTOR'S PERSPECTIVE

Bloodborne pathogens and "right to know" comprise yet another set of regulations with which Michigan physicians must comply. With the regulations in place, many physicians now fear the possibility of being audited by a MIOSHA inspector. What does an inspector look for? How is an audit conducted?

For the benefit of all MSMS members, MSMS recently arranged a mock MIOSHA inspection of a Jackson dermatology practice, with the permission of the two dermatologists, to find out exactly how a MIOSHA audit works. The audit was conducted by Chris A. Passamani, a certified industrial hygienist with the Michigan Department of Public Health, Occupational Health Division, On-Site Consultation Section. The physicians audited were MSMS Board member Thomas D. Harris, MD, and James W. Wilkins, MD. The audit was conducted over a period of two half-day sessions held in March and April. The inspector fielded several questions asked by Doctors Harris and Wilkins and MSMS staff. Following are some of the questions asked and the auditor's response.

Q: "If a MIOSHA health inspector arrives unannounced, as the inspector is required to when answering an employee complaint form, am I expected to cancel the patients that I have scheduled for that day?"

A: "Although the inspector has the authority in the MIOSHA act to 'enter without delay,' the auditor is also required to conduct the investigation 'without unreasonably disrupting the employer's operations.' The inspectors require a few minutes of the employer's time to hold an operating conference. Ideally, the investigation could then be turned over to an office manager or assistant who was familiar with infection control and other health and safety policies.

"The inspector will make every effort to meet with the physician/employer as their schedule permits. With a few exceptions, the MIOSHA act prohibits giving advance notice of an inspection, so that asking an inspector to make an appointment would not be something they have authority to grant."

Q: "What are the qualifications and attitudes of these inspectors?"

A: "Michigan employers and employees are fortunate to have these regulations administered by a nationally respected program. All health inspectors have strong science or engineering backgrounds, many of us have master's degrees in industrial hygiene, and many are certified in the field. I would trust the MIOSHA health inspectors to be professional, courteous and fair. If not, their supervisors would want to know this."

Q: "Please identify the major steps that an OSHA inspector would take to audit compliance with OSHA's new bloodborne pathogens standard."

A: "First of all, it has been my experience that medical professionals, as employers, are already in compliance with most of the bloodborne pathogens regulations. Even so, I find that these employers have a few additional days worth of effort to become familiar with the regulations and to complete the following tasks: develop a formal written exposure control plan, complete employee training, oversee safe work practices, ensure protective equipment is provided, offer HBV vaccinations, label regulated waste and ensure proper house-keeping.

"Expect that there may be exposure control issues that will require improvement and that citations could be issued. The fines will be substantial for employers who have failed to give honest concern for employee exposure control issues.

"The inspector would probably first ask to see the Exposure Control Plan, which would outline the major areas of your exposure control program. For small employers, an annotated copy of the final bloodborne pathogens standard may be acceptable. The list of **job classifications** having bloodborne disease exposure would be reviewed.

"The next step would be to ensure that the employees who have occupational exposure to potentially infectious materials have been trained. This **training** must be

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well documented and should include names, training dates, an outline of the information presented and the name and qualifications of the trainer. The inspector would then interview employees to assure that they have adequate knowledge of bloodborne disease symptoms, universal precautions, use of protective equipment, and safe work practices.

"The inspector will check to see that the **Hepatitis B vaccination** requirements have been met. This includes offering the HBV vaccine to each employee who you 'reasonably anticipate' could have exposure to bloodborne pathogens. The vaccine must be offered at no cost to the employee. Although the new federal regulations require this by July 6, 1992, Michigan has been enforcing this CDC guideline for many months. If any employees have not been vaccinated, the inspector would ask to see signed declination forms and look into the content of the training program to be sure that employees realized the benefit and the minimal side effects of vaccination.

"Also required by the regulation are '**engineering**' controls such as providing handwashing facilities and sharps containers. Work practices, such as prohibiting manual manipulation of needles is also part of exposure control. If necessary, needles may be recapped with a mechanical device or by using the one-hand scoop technique. If manual manipulation (breaking, shearing or recapping) of needles is necessary, a written justification should be part of the Exposure Control Plan.

"The availability and appropriate use of **personal protective equipment** would also be checked. The employer is responsible for providing, maintaining, laundering, disposing, replacing and assuring the proper use of personal protective equipment.

"'**Housekeeping**' issues (such as decontamination of blood contaminated work surfaces) are also important. The decontaminant used must be tuberculocidal to inactivate HBV.

"The inspector would also check to see if there is any **regulated waste** generated. If so, the labeling requirements must be met.

In most cases, red color-coding is also acceptable if this is explained. Once removed from the facility, regulated waste is not covered by OSHA; however, it is regulated by the Michigan Medical Waste Regulatory Act.

"The inspector will want to check the **post-exposure follow up plan**, which should be outlined in the written plan, and explained to employees.

"Finally, the inspector would check for the two types of **records** that are required by the standard: medical and training. Medical records of each employee must be confidential and maintained for 30 years past the last date of employment, and training records should be kept on file for three years."

Q: "How does OSHA define occupational exposure?"

A: "This is an area that tends to generate a lot of undue concern. It does require that the physician make a professional, well-thought-out judgment. The inspector will rely on the opinion of the physician if it was well-thought-out. The regulation defines occupational exposure as 'reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.'"

Q: "In the area of protective equipment, how does a physician determine when OSHA would require protective equipment?"

A: "OSHA requires that physicians, once again, use their professional judgement to determine when and what type of protective equipment is appropriate. This will depend on the task being performed. For example, if a procedure involved gross blood contamination, the type of gown supplied may have to be fluid-proof. It is the employers responsibility to provide protection that prevents potentially infectious materials from penetrating to the clothing's inner surface. If mucous membrane exposure is possible, face protection is required. In many cases, this will require fluid-proof gowns."

Q: "What qualifications are necessary for training employees?"



Thomas D. Harris, MD (right), explains to Chris A. Passamani, certified industrial hygienist (center), how he and his partner James W. Wilkins, MD (left), dispose of sharps.

A: "Persons with strong biological backgrounds, such as health care professionals, are good candidates for trainers as long as they have reviewed the regulations and additional information pertaining to bloodborne disease exposure control. In addition, the trainer should be able to demonstrate knowledge in this area and be familiar with how elements in the training program relate to the particular workplace."

Q: "How should a physician handle an employee who refuses to wear protective equipment?"

A: "Although this should be rare, the employer is responsible for the health of his or her employees. Additional training may be necessary. If follow-up work practice audits revealed a disregard of safety or health policies, then a system of rule enforcement and discipline may be necessary."

Q: "What is regulated waste?"

A: "Regulated waste is liquid or semiliquid blood or other potentially infectious materials (OPIM), which could release these substances in a liquid or semiliquid state, if compressed. It is also any item caked with dried blood or OPIM that is capable of releasing these materials during handling. Contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials are also included."

Q: "Please identify the major steps in Employee Hazard Communication or 'Right to Know' that an OSHA inspector would take in conducting an inspection."

A: "Since the Hazard Communication law applies to nearly all employers, MIOSHA inspectors routinely spend a small portion of their time, in every investigation, assuring that employees are aware of chemical hazards. The major emphasis is on employee training. Employees would be interviewed to determine if they are familiar with the health hazards of chemicals they may be exposed to. It would be important for employees to know the 'target organ' effects of chemical exposure. This allows employees with unique medical conditions such as pregnancy or preexisting lung, liver or kidney dysfunction, to discuss extra precautions when working with chemicals that may affect those systems. It may also allow them to correlate any symptoms with occupational exposure."

"An inspector would also review the Material Safety Data Sheet (MSDS) files to see that they are accessible and organized in a systematic manner. (e.g. alphabetically) General MSDS's would be inspected for completeness. The old OSHA-20 data sheet format should have been updated by your supplier by adding carcinogenicity data and the date of preparation or revision. Check to be sure that your supplier has done this."

"Another major aspect of Hazard Communication is developing a written program outlining briefly the methods used to ensure chemical safety. In my experience, many employers have forgotten to follow-up and carry out the policies that are on paper."

"During the walk through, an inspector should ask to see the labeling on hazardous chemicals. Many items such as office supplies (Liquid Paper etc.) are not a major concern. Also, consumer items such as cleaning supplies may not require labeling or MSDSs if used in a manner and frequency comparable to a common consumer. There is a formal exemption (labeling only) for medical devices and drugs if proper FDA labels are in place."

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YOCON[®]

YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in *Rauwolfia Serpentina* (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

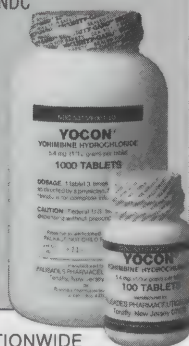
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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"Lastly, an inspector will require that you have poster #2105 displayed to inform employees of rights in accessing MSDS information. If new chemicals enter the workplace, poster #2106 must list these chemicals until training is given. This training must occur within 10 days. This subsequent training can be very brief if employees understand similar hazards from previous training. Be mindful to document and watch dates since some inspectors will occasionally look for this. Also, be sure to have the MIOSHA "regulatory" poster displayed (#2100).

Q: "What if an employee has been trained on Hazard Communication but, during the interview, does not remember certain details? Is the physician liable?"

A: "It is not the responsibility of the employer to ensure that employees have total recall. However, the training program will be looked into more thoroughly if the inspector detects a trend in employee responses. The training should be interactive, allowing the employee the opportunity to ask questions. While it is not required, it is good practice for the employer to maintain written documentation of the training program."

Q: "What should a physician do if he or she has difficulty getting the manufacturer of a hazardous chemical to send an MSDS?"

A: "Employers should document their attempts to obtain MSDSs from the supplier or manufacturer. MIOSHA can provide physicians with a sample of an MSDS request letter to use in writing for MSDSs. If, after making written requests, the physician is still having difficulty obtaining an MSDS, he or she may file a complaint with the MDPH."

Q: "What should a physician do with the employees' medical records after the physician retires?"

A: "In the event that the physician retires from medical practice and there is no successor employer to receive and retain the employee medical and training records for the required period of time, the employer will notify the affected employees and MIOSHA at least three months prior to disposal. If required by MIOSHA, the records will be transmitted to MIOSHA within that three-month period."

FEDERAL REGISTER

Department of Labor - Occupational Safety and Health Administration
Part II (Excerpts) - Pages 64175-64182; 29 CFR Part 1910.1030
Occupational Exposure to Bloodborne Pathogens; Final Rule

XI. The Standard

General Industry

Part 1910 of Title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]

Subpart Z—[Amended]

1. The general authority citation for Subpart Z of 29 CFR Part 1910 continues to read as follows and a new citation for §1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (36 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable; and 29 CFR Part 1911.

Section 1910.1030 also issued under 29 U.S.C. 653.

2. 1910.1030 is added to read as follows:

§1910.1030 Bloodborne Pathogens.

(a) *Scope and Application* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious ma-

terials on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an

employee's duties.

"Other Potentially Infectious Materials" means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Re-

search laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) *Exposure Control*—(1) *Exposure Control Plan* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2),

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with

29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure Determination* (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of Compliance*—(1) *General*. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) *Engineering and Work Practice Controls* (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer

shall provide either an appropriate anti-septic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

(B) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) puncture resistant;

(B) labeled or color-coded in accordance with this standard;

(C) leakproof on the sides and bottom; and

(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials

shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of **all** specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be

taken.

(3) Personal Protective Equipment—

(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious ma-

terials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving

training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) Housekeeping

(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment.

(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(a) Closable;

(b) Puncture resistant;

(c) Leakproof on sides and bottom; and

(d) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(a) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(b) Maintained upright throughout use; and

(c) Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(a) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(b) Placed in a secondary container if leakage is possible. The second container shall be:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(iii) Labeled or color-coded according

to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.

(1) Regulated waste shall be placed in containers which are:

(a) Closable;

(b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(a) Closable;

(b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood

of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) *HIV and HBV Research Laboratories and Production Facilities*(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) *Standard Microbiological Practices.* All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) *Special Practices*

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module,

a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly

trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) *Containment Equipment.*

(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up—(1) General*

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the em-

ployee.

(2) *Hepatitis B Vaccination* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or

HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

X(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional*

(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's writ-

ten opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical Recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of Hazards to Employees*—(1) *Labels and Signs* (i) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:



BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

(D) Labels required by paragraph (g)(1)(i) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood compo-

nents, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs.

(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color.

(2) *Information and Training*

(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate ac-

tions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping*—(1) *Medical Records* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) *Confidentiality*. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) *Training Records* (i) *Training records shall include the following information:*

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability* (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and

copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) *Transfer of Records*

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) *Dates*—(1) *Effective Date*. The standard shall become effective on [Insert date 90 days after publication in the Federal Register].

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed within 60 days of the effective date of this standard.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect within 90 days of the effective date of this standard.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

paragraph (j) **Appendix**

Appendix A to Section 1910.1030—Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. ■

MSMS Model Exposure Control Plan

Please note that this is a *model* plan. MSMS encourages its members to create their own plans based on this model. The exposure control plan is to be updated annually and should be available to both your employees and the health care provider who evaluates your employees for HBV vaccination and for post-exposure evaluation and follow-up.

The exposure control plan identifies the tasks and procedures, as well as job classifications, where occupational exposure to blood occurs without regard to personal protective clothing and equipment. This plan takes into account specific job classifications involving exposure; methods of compliance; Hepatitis B vaccination and post-exposure evaluation and follow-up; communication of hazards to employees; recordkeeping; and information and training procedures.

1. Exposure Determination

Job classifications in this office in which *all* employees have occupational exposure to bloodborne pathogens are:

For example:

Physician: Jane Smith, MD

Nurse: John Doe

Job classifications in this office in which *some* employees have occupational exposure to bloodborne pathogens are:

Nursing Assistant: Mary Jones

(If there are classifications of employees who do not have occupational exposure to bloodborne pathogens, do not list them in the written plan.)

2. Tasks and Procedures

List of all tasks and procedures in which employees may be exposed to bloodborne pathogens *regardless of use of personal protective equipment*.

For example:

- a. physical examination (physician, nurse)
- b. injections (nurse)
- c. changing linens (nursing assistant)
- d. cleaning instruments (nursing assistant)
- e. treating trauma patients (physician, nurse)
- f. obtaining cultures (nurse, nursing assistant)

(List all of the tasks appropriate to your practice, and also specify which job classifications perform those procedures)

3. Schedule and Method of Implementation

A. Universal Precautions

Effective Date: March 6, 1992

Compliance Date: _____

Include the following or similar language:
In this office, blood and body fluid precautions are consistently used with all patients regardless of their bloodborne infection status. Body fluids to which universal precautions apply include: blood, semen, vaginal secretions, tissues, cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and other body fluids containing visible blood. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials.

B. Engineering and Work Practice Controls

Compliance Date: _____

Include the following or similar language:
Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this office or at least annually.

The following engineering and work practice controls are maintained:

1. Handwashing facilities are readily accessible.
2. Handwashing is done as soon as feasible after removal of gloves.
3. Following contact with blood or potentially infectious materials, handwashing is done as soon as feasible, skin that was in contact is washed, and mucous membranes in contact are flushed with water.
4. Needles and sharps
 - a) disposable needles and sharps are not bent, recapped, sheared, broken or removed
 - b) disposable needles and sharps are placed in closable, puncture resistant containers which are leakproof on the sides and bottom, and are either red in

Continued on following page

Continued from page 37

color or have a red biohazard label affixed on them.

c) reusable needles and sharps are removed with a mechanical device or by using the one hand technique.

d) reusable needles and sharps are placed in closable, puncture resistant containers which are leakproof on the sides and bottom, and are either red in color or have a red biohazard label affixed to them.

e) during use, containers for contaminated sharps are easily accessible to personnel and as close as feasible to the immediate area where sharps are used, maintained upright throughout use, replaced routinely and not allowed to overflow and closed immediately prior to removal or replacement.

f) the method for storage and decontamination, which does not require employees to reach by hand into the containers where the sharps have been placed, is forceps _____ or other (specify). _____

g) sharp instruments are not passed from hand to hand.

5. Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses where there is a reasonable likelihood of exposure.
6. Food and drink is not kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or benchtops where blood or other potentially infectious materials are present.
7. All procedures involving blood or other potentially infectious materials are performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
8. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.
9. Specimens of blood or other potentially infectious materials are placed in containers which prevent leaking during col-

lection, handling, processing, storage, transport, or shipping.

These containers are labelled with a biohazard symbol or are red.

10. Equipment which may become contaminated with blood or other potentially infectious material is examined prior to servicing and shipping and is decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is affixed to the equipment. This information is conveyed to all affected employees, the service representative, and/or the manufacturer, as appropriate, prior to handling, servicing or shipping.

11. A smoke detector may be indicated, if certain lasers are being used in the office.

C. Personal Protective Equipment

Compliance Date: _____

Include the following or similar language:

All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination, or disposal. Protective equipment is stored in the following locations: _____

Protective equipment shall be removed at: _____

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures or when handling or touching contaminated items or surfaces.

Disposable gloves, such as surgical examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use. Gloves are located in _____

If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her professional judgment that in that particular instance it would have prevented the delivery of health care or would have posed an increased hazard to the worker or co-worker, the employer will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

D. Housekeeping

Compliance Date: _____

Include the following or similar language:

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have been contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for being contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visual contamination.

(A cleaning schedule must be included in the written plan, see the attached sample.)

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up by using mechanical means.

All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. All contaminated laundry shall be placed and transported in bags or containers that are labelled or colored red.

In this office, laundry shall be placed: _____

4. HBV Vaccination and Post-Exposure Evaluation and Follow-Up

Compliance Date: _____

Include the following or similar language:

HBV vaccination is offered to all employees who have occupational exposure, and post exposure evaluation and follow-up to all employees who have had an exposure incident. All medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up including prophylaxis, will be made available at no cost to the employee and will be made available to the employee at a reasonable time and place, and will be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

All employees who decline to accept the HBV vaccination offered shall sign a statement to that effect. (See sample declination form attached.)

Records regarding HBV vaccinations can be found: _____

5. Evaluation Procedure for Exposure Incidents

Compliance Date: _____

Include the following or similar language:

Following a report of an exposure incident, a confidential medical evaluation and follow-up will be completed. This will include documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred, identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. After an investigation as to the cause of the exposure has been completed, a plan will be put into effect to prevent recurrence of the exposure and all employees under this plan will be informed as to the method of prevention.

Records of exposure incidents are located: _____

Continued on following page

Continued from page 39

As the employer, I will identify the source individual in an exposure incident, unless this is infeasible. I will document in writing the identity of, or infeasibility of identifying, the source individual. The source individual's blood will be tested after consent is obtained. I will ask for consent from the source individual or anyone legally authorized to give consent on his/her behalf. If consent is not obtained, I will document this in writing. The results of the source individual's testing will be made available to the exposed employee.

Records pertaining to the source individual will be kept: _____

The health care professional who evaluates the employee is provided with the following by the employer:

- a. A copy of the OSHA regulations
- b. A description of the employee's duties as they relate to the exposure incident
- c. Documentation of the route of exposure and circumstances under which exposure occurred
- d. Results of the source individual's blood testing, if available
- e. All medical records maintained by the employer relative to the appropriate treatment of the employee, including vaccination status.

6. Communication of Hazards to Employees

Compliance Date: _____

Use the following or similar language:

A. *Labels and signs* (Mark "L" for the use of label "R" for use of red bag or container)

Containers of regulated waste _____

Refrigerators/freezers containing blood or other potentially infectious materials _____

Containers used to store, transport, or ship potentially infectious materials _____

Contaminated equipment _____

Labels are fluorescent orange or orange-red and with contrasting letters and symbols and bear the word "BIOHAZARD" and the biohazard symbol.

Labels are securely affixed to prevent their loss or unintentional removal.

B. Information and Training

All employees with occupational exposure must receive initial and annual training on the hazards associated with blood and other potentially infectious materials, and the protective measures to be taken to minimize the risk of occupational exposure. Retraining shall take place when changes in procedures or tasks occur which effect occupational exposure. All employees with occupational exposure will participate in a training program which will be provided at no cost to the employee and during working hours.

Training will be provided at the time of initial assignment to tasks where occupational exposure may take place within 90 days of the effective date of the standard (June 4, 1992) and at least annually thereafter. Part-time and temporary employees, and health care employees known as "per diem" employees are covered and are also to be trained on company time. The training programs conducted in this office contain the following elements:

1. An accessible copy of the text of the OSHA standard (included in this issue of *Michigan Medicine*).
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitations of methods that will prevent or reduce exposure, i.e., engineering controls, work practice, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the HBV vaccine, its efficacy, safety, method of administration,

This Workplace Covered by the Michigan Right to Know Law



MSDS(s)
FOR THIS
WORKPLACE
ARE LOCATED AT

Employers must make available for employees in a readily accessible manner, Material Safety Data Sheets (MSDS) for those hazardous chemicals in their workplace.

Employees cannot be discharged or discriminated against for exercising their rights including request for information on hazardous chemicals.

Employees must be notified and given direction (by employer posting) for locating Material Safety Data Sheets and the receipt of new or revised MSDS(s).

*Employees may also request MSDS from the Michigan Department of Public Health, Division of Occupational Health, 3500 North Logan, Lansing, Michigan 48906, 517/335-8250

Location(s)

Location(s)

Person(s) responsible for MSDS(s)

Phone

MISHA
Michigan Occupational Safety and Health Act

benefits of vaccination, and provision at no cost to the employee.

10. Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
12. Information on the post-exposure evaluation and follow-up that is provided.
13. An explanation of the signs, symbols and color-coding of biohazard.
14. A question and answer session between the trainer and employee(s).

This training is conducted by a person knowledgeable in the subject matter of the training program *as it relates to this medical practice*.

It is important that after each employee receives the training, that he or she sign a training record form. (See attached sample)

C. Recordkeeping

Compliance Date: _____

Use the following or similar language:

As the employer, I shall establish and maintain an accurate record for each employee with occupational exposure. This record shall include the names and social security number of the employee, a copy of the employee's HBV status including the dates of all the HBV vaccinations and any medical records relative to the employee's ability to receive vaccination, a copy of all results of examinations, medical testing and follow-up procedures, the employer's copy of the health care professional's written opinion, and a copy of the information provided to the health care professional.

I shall also ensure that the employee's medical records required are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the workplace, except as required by law. These records will be maintained for the duration of employment plus 30 years. As part of this plan, I am required to provide a copy of the OSHA standard to the health care professional. ■

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Schedule for Cleaning and Method of Decontamination

To insure that the worksite is in a clean and sanitary condition, the following cleaning schedule and method of decontamination will be implemented:

1. Areas where potential exposure may occur:

Laboratory
Laboratory
Utility Room
Receptacles in or in proximity to the above

areas

Cleaning Schedule:

Immediate clean-up of spill

Daily ____

After each shift ____

Other (specify) _____

Decontamination Schedule:

Immediate clean-up of spill

Daily ____

After each shift ____

Other (specify) _____

2. Areas where potential exposure is not reasonably anticipated:

Reception area
Consultation office
Business/billing area

Cleaning Schedule:

Immediate clean-up of spill

Daily ____

After each shift ____

Other (specify) _____

Decontamination Schedule:

Immediate clean-up of spill

Daily ____

After each shift ____

Other (specify) _____

Contaminated work surfaces shall be decontaminated with

Areas for cleaning and disinfecting may be considered to be, but are not limited to, furniture, including beds, tables, chairs, carts, appliances, and lifting devices, as well as instruments such as I.V. units, heart monitoring units, waste receptacles and any open area surfaces in which contamination may have taken place.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper, may be used to cover equipment and environmental surfaces, however this material shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they have become contaminated during the work shift. Any type of receptacle, such as bins, pails, cans or similar type receptacles intended for re-use which have reasonable likelihood for being contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon contamination. ■

(tear out)

OSHA Training Record

Trainer Name/Qualifications: _____

Date of Training Session: _____

Attendees: Name _____ Job Classification _____

Content of Training:

1. An accessible copy of the text of the OSHA standard (included in this issue of Michigan Medicine.)
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure, i.e., engineering controls, work practice, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
12. Information on the post-exposure evaluation and follow-up that is provided.
13. An explanation of the signs, symbols and color-coding of biohazards.
14. A question and answer session between the trainer and employee(s).

HEPATITIS B Vaccination Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____

Date: _____

Employee Name (please print) _____

(tear out)

Right To Know - MIOSHA

MIOSHA "Right to Know" requires that employers inform their employees who may be exposed to harmful chemicals in the workplace. Employers must do this through the creation of a hazard communication program. The five areas which must be addressed in medical offices in regards to Hazard Communication include:

1. Education and training of employees
2. Written program (sample included)
3. Maintenance of Material Safety Data Sheets (MSDSs)
4. Labeling of containers of hazardous chemicals
5. Posters

Education and Training

Education and training of employees is an important aspect of the Hazard Communication Standard. Such training must include physician and health hazard information about the chemicals in the work areas, ways that an employee can identify the presence or release of a hazardous chemical, measures workers can take to protect themselves and details of the written hazard communication program. This last topic must address the labeling system used, facts about material safety data sheets (MSDSs) and information on how employees can use the system to obtain information.

Although not specifically required, physicians should develop a system to formally record worker training. This documentation should include names, training dates, an outline of the information presented and the name and qualifications of the trainer. A physician knowledgeable in the toxic chemicals of his or her workplace can provide this training.

Written Program

Another important aspect of the Hazard Communication Standard is the mandatory written program. The written program must include sections on MSDSs, labels and education and training. In addition, methods to inform employees of hazards of non-routine tasks and methods to inform contractor em-

ployees with employees working in their workplace of the hazards of that workplace need to be delineated. (See sample written program.)

Material Safety Data Sheets

A third important aspect is the maintenance of MSDSs as well as employee access to these MSDSs. To fulfill this requirement, the physicians should collect the MSDSs accompanying shipment and purchase of hazardous chemicals and maintain them in a binder which is well organized and available to employees upon request. Sometimes an MSDS is not received upon chemical shipment. If this is the case, it is the physician's responsibility to contact (preferably write) the manufacturer to obtain the MSDS.

Labels

The easiest way for a physician to comply with the labeling section of the Hazard Communication Standard is simply to make sure that labels on incoming products are maintained and readable. If the chemical is placed into a second container, it must be used within that workshift or the second container must also be appropriately labeled. Target organ information should be included on this label unless the physician can assure the employee's knowledge of this through the training program. If containers are too small to label, two options are available. A coding system can be developed with information placed on a cabinet or wall or the small containers can be kept in a larger container which is labeled.

Posters

Finally, there are three posters which physicians must have in their office. Two of them, the SET 2105 (Location of MSDS) and the SET 2101 (regulatory poster) must be posted at all times in the office. The third poster, the SET 2106, need only be posted for 10 days after a new or revised MSDS enters the office. All three of these posters are included in this issue of *Michigan Medicine*. ■

Written Hazard Communication Program

General

The following hazard communication program has been established for _____.

This program will be available for review by all employees.

I. Hazard Determination

_____ will be relying on material safety data sheets from suppliers to meet determination requirements.

II. Labeling

- A. The _____ will be responsible for seeing that all containers coming in are properly labeled.
- B. All labels shall be checked for:
 - * Identity
 - * Hazard
 - * Name and address of responsible party
- C. Each _____ shall be responsible for seeing that all portable containers used in their work area are labeled with identity and hazard warning.

III. Material Safety Data Sheets (MSDS)

- A. The _____ will be responsible for compiling the master MSDS file. It will be kept _____.
- B. Copies of MSDSs for all hazardous chemicals to which employees may be exposed will be kept in a file at _____.
- C. MSDSs will be available for review to all employees during each work shift. Copies will be available upon request to _____.
- D. The _____ will be provided with the required MIOSHA Right-To-Know posters and postings notifying employees of new or revised MSDSs within five (5) days of receipt of new or revised MSDSs.

IV. Employee Information and Training

- A. The _____ shall coordinate and maintain records of training conducted for _____.
- B. Before starting work, or as soon as possible thereafter, each new employee will attend a safety class. In that class, each employee will be given information on:
 - * Chemicals and their hazards in the workplace.
 - * How to lessen or prevent exposure to these chemicals.
 - * What the company has done to lessen or prevent workers exposure to these chemicals.
 - * Procedures to follow if they are exposed.
 - * How to read and interpret labels and MSDSs.
 - * Where to locate MSDSs and from whom they may obtain copies.
- C. The employee will be informed that:
 - * The employer is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace.
 - * As an alternative to requesting an MSDA from the employer, the employee may obtain a copy from the Department of Public Health. A sign will be posted with the address and telephone number of the department responsible for such requests.
- D. Attendance will be taken at training sessions. These records will be kept by _____.
- E. Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the safety class.

Continued on following page

(tear out)

V. Hazardous Non-Routine Tasks (Delete entire section if not applicable)

A. On occasion, employees are required to do work in hazardous areas (e.g. confined spaces). Prior to starting work in such areas, each employee will be given information about the hazards involved in these areas. This information will include:

- * Specific chemical hazards
- * Protection/safety measures the employee can take to lessen risks
- * Measures the company has taken to lessen the hazards including ventilation, respirators, the presence of another employee, and emergency procedures.

B. It is the policy of _____

_____ that no employee will begin work in a confined space, or any non-routine task, without first receiving a safety briefing.

VI. Informing Contractors

A. It is the responsibility of the _____

_____ to provide any other contractors _____

_____ with employees exposed to our chemicals with the following information:

- * Hazardous chemicals with which they may come in contact.
- * Measures the employees may take to lessen the risks.
- * Where to get MSDSs for all hazardous chemicals.

B. It is the responsibility of the _____

_____ to obtain chemical information from contractors when they will expose our employees to hazardous chemicals which they may bring into our workplace.

VII. Pipe and Piping Systems

A. Information on the hazardous contents of pipe and piping shall be _____

VIII. List of Hazardous Chemicals

This is a list of the chemicals used by _____

Further information can be obtained by reviewing MSDSs at the central location.

MATERIAL (Name on label and MSDS)



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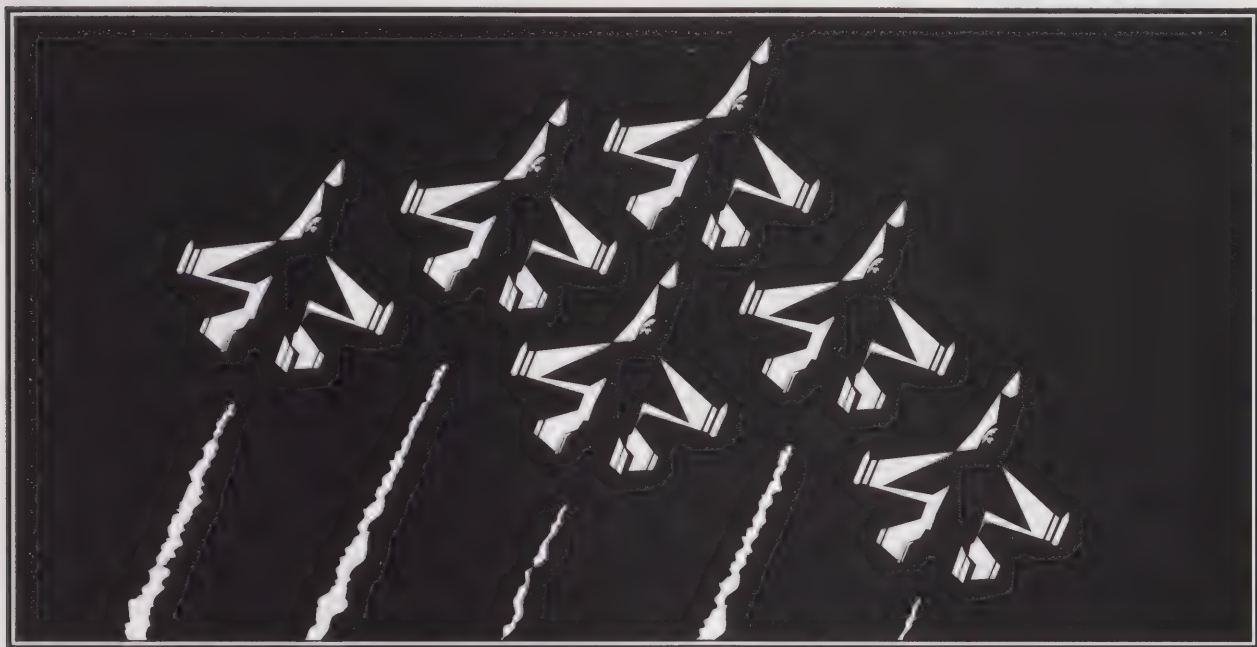
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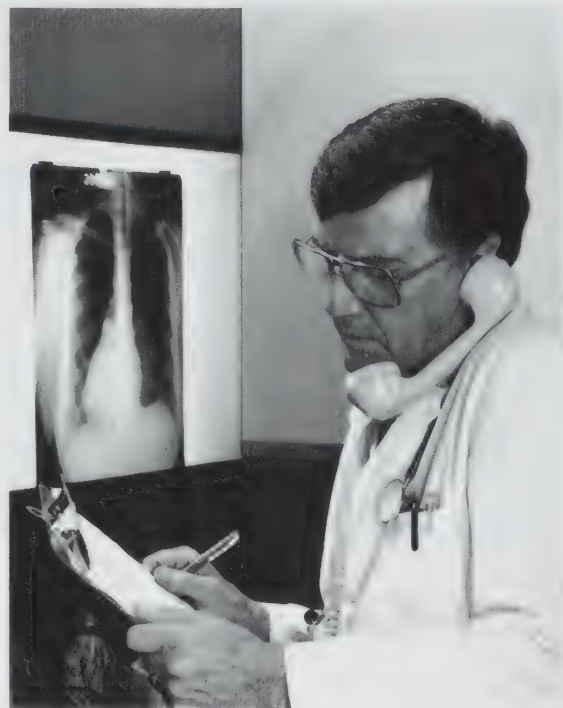
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MEETINGS

MSMS Meetings

June

MSMS/MPMLC Risk Management/Closed Claim Review Sessions. A series of early morning sessions featuring Radiology and Emergency Medicine case studies will be held throughout Michigan in June. For further information contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

4, 11, MSMS/MPMLC Risk Management/Professional Liability of Diagnosis, June 4, Port Huron Hospital, Port Huron, MI; June 11, WMU Regional Center, Grand Rapids, MI. Contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

9,10 & 11, MSMS Practice Management Seminar, "Coding Institute," Ritz Carlton, Dearborn, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

25-27, MSMS/AMA Young Physicians Series, Sheraton Inn, Ann Arbor, MI. "Joining A Partnership or Group Practice," June 25th, "Starting Your Practice," June 26th & 27th. Contact: MSMS Office of Physician Education, (517) 336-5784.

July

16-19, MSMS Board of Directors Meeting, Grand Traverse Resort, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

August

18,19, 20 & 21, MSMS Practice Management Seminar, "Medical Office Management Institute," by Conomikes Associates, Inc., Grand Traverse Resort, Traverse City, MI. Contact: Office of Physician Education, (517) 336-5784.

September

16, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

15,16 & 17, MSMS Practice Management Seminar, "Better Collections, Billing and Insurance Methods" and "Reception and Patient Flow Techniques,"

September 15, Flint Holiday Inn, Flint, MI; September 16, Brookshire Inn, Williamston, MI; September 17, Fetzner Center, Kalamazoo, MI. Contact: Office of Physician Education, (517) 336-5784.

AMA Meetings

June

18-26, MSMS/AMA Annual Meeting, Chicago, IL. Contact: Judy Marr, Manager, MSMS Department of Communications and Professional Relations, (517) 337-1351.

Michigan Specialty Society Meetings

June

4-5, Michigan Occupational Medical Association, Amway Grand Plaza, Grand Rapids, MI. Contact: M. Charles, MD, (313) 522-5311.

National Specialty Society Meetings

June

7-12, American Society of Colon and Rectal Surgeons, San Francisco, CA. Contact: (312) 359-9184.

20-23, American Diabetes Association, San Antonio, TX. Contact: (703) 549-1500.

July

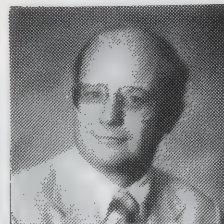
6-9, American Orthopaedic Society of Sports Medicine, San Diego, CA. Contact: (708) 803-8700.

27-29, American Hospital Association, Denver, CO. Contact: (312) 280-6323.

August

8-14, Society of Magnetic Resonance in Medicine Scientific Meeting and Exhibition. Contact: Chairman, Young Investigator's Award Committee, Society of Magnetic Resonance in Medicine, 1918 University Avenue, Suite 3C, Berkeley, CA 94704, USA.

16-19, American Psychological Association, Washington, DC. Contact: (202) 955-7705.



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• **Family Practitioner/Urgent Care Center** Join the growing field of ambulatory care, Med+Center BC/BE family practitioner needed to provide medical services to patients on a regularly scheduled basis. No call schedule, flexible hours, excellent compensation and benefits.

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**For information about the above positions, please call or write to
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**Butterworth Health System, MC 73, Nancy Martens, 100 Michigan NE,
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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

June

1-5, Microvascular Workshop for Otolaryngologists and Head and Neck Reconstructive Surgeons. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Otolaryngology-Head and Neck Surgery. **Contact:** Edwina Borde, Towsley Center for Continuing medical Educa-

tion, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-1678. **Approved for:** 41 hours Category I Credit

3-5, 19th Annual Symposium on Current Topics in Blood Banking. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 936-9800. **Approved for:** 12 hours Category I Credit.

8-9, 6th Annual Cardiology Symposium for Nurses. Location: Towsley Center, Ann Arbor, Michigan. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-

1678. **Approved for:** 14 hours Category I Credit.

11-12, Neurotrauma: Concepts, Current Management and Emerging Therapies. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsors:** Wayne State University School of Medicine, Department of Emergency Medicine and Departments of Neurosurgery, Neurology, and Radiology. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, 4201 St. Antoine 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 13.5 hours Category I Credit.

22-26, Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek-Schuss Mountain, Bellaire, Michigan. **Sponsors:** University of Michigan Medical School, Department of Family Practice. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing

Continued on page 57

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■ For a growing number of hospitals, "easier to do business with the Blues" means pre-certifying their own inpatient admissions. (page 26)

■ The new *Blue Cross and Blue Shield of Michigan Guide for Physicians and Medical Assistants* will make it easier to determine what's covered and how to bill for it. (page 20)

■ Our new local service offices and area-code phone service teams make it easier to get fast, accurate answers to coverage and billing questions. (page 16)

■ We're rewriting our policies in plain English and creating special summary booklets so patients can better understand their Blue Cross and Blue Shield coverage. (page 12)

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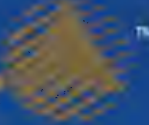
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Parke-Davis is confident that for many of your hypertensive patients ACCUPRIL will achieve the decrease in blood pressure you expect.

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ACCUPRIL[®] 
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* See DOSAGE AND ADMINISTRATION section of prescribing information.

† If, after an adequate trial of ACCUPRIL alone, based on your medical judgment as the prescribing physician, you determine that your patient requires the addition of a diuretic, Parke-Davis will refund to the patient his/her cost for the diuretic prescription less any amount reimbursed or paid for by an HMO, insurance company, or any other plan or program.

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‡ In some patients, the antihypertensive effect may diminish toward the end of the once-daily dosing interval. In such patients, an increase in dosage or twice-daily administration may be warranted.

ACCUPRIL is available in 10, 20, and 40 mg tablets. Usual initial starting dosage is 10 mg once daily.

ACCUPRIL is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Please see brief summary of prescribing information on following page.

Accupril® (Quinapril Hydrochloride Tablets)

USE IN PREGNANCY

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, ACCUPRIL should be discontinued as soon as possible. See WARNINGS, Fetal/Neonatal Morbidity and Mortality.

Before prescribing, please see full prescribing information. A brief summary follows.

INDICATIONS AND USAGE

ACCUPRIL is indicated for the treatment of hypertension. It may be used alone or in combination with thiazide diuretics.

In using ACCUPRIL, consideration should be given to the fact that another angiotensin-converting enzyme (ACE) inhibitor, captopril, has caused agranulocytosis, particularly in patients with renal impairment or collagen vascular disease. Available data are insufficient to show that ACCUPRIL does not have a similar risk (see WARNINGS).

CONTRAINDICATIONS

ACCUPRIL is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

WARNINGS

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis, and larynx has been reported in patients treated with ACE inhibitors and has been seen in 0.1% of patients receiving ACCUPRIL. Angioedema associated with laryngeal edema can be fatal. If laryngeal stridor or angioedema of the face, tongue, or glottis occurs, treatment with ACCUPRIL should be discontinued immediately, the patient treated in accordance with accepted medical care, and carefully observed until the swelling disappears. In instances where swelling is confined to the face and lips, the condition generally resolves without treatment; antihistamines may be useful in relieving symptoms. **Where there is involvement of the tongue, glottis, or larynx likely to cause airway**

obstruction, emergency therapy including, but not limited to, subcutaneous epinephrine solution 1:1000 (0.3 to 0.5 mL) should be promptly administered (see ADVERSE REACTIONS).

Hypotension: Symptomatic hypotension was rarely seen in uncomplicated hypertensive patients treated with ACCUPRIL but, as with other ACE inhibitors, it is a possible consequence of therapy in salt/volume depleted patients, such as those previously treated with diuretics or dietary salt restriction or who are on dialysis (see PRECAUTIONS, DRUG INTERACTIONS, and ADVERSE REACTIONS). In controlled studies, syncope was observed in 0.4% of patients (N = 3203); this incidence was similar to that observed for captopril (1%) and enalapril (0.8%).

In patients with concomitant congestive heart failure, with or without associated renal insufficiency, ACE inhibitor therapy may cause excessive hypotension, which may be associated with oliguria or azotemia and, rarely, with acute renal failure and death. In such patients, ACCUPRIL therapy should be started at the recommended dose under close medical supervision. These patients should be followed closely for the first 2 weeks of treatment and whenever the dosage of antihypertensive medication is increased (see DOSAGE AND ADMINISTRATION).

If symptomatic hypotension occurs, the patient should be placed in the supine position and, if necessary, normal saline may be administered intravenously. A transient hypotensive response is not a contraindication to further doses; however, lower doses of ACCUPRIL, or reduced concomitant diuretic therapy should be considered.

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression rarely in patients with uncomplicated hypertension, but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease such as systemic lupus erythematosus or scleroderma. Agranulocytosis did occur during ACCUPRIL treatment in one patient with a history of neutropenia during previous captopril therapy. Available data from clinical trials of ACCUPRIL are insufficient to show that, in patients without prior reactions to other ACE inhibitors, ACCUPRIL does not cause agranulocytosis at similar rates. As with other ACE inhibitors, periodic monitoring of white blood cell counts in patients with collagen vascular disease and/or renal disease should be considered.

Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of ACCUPRIL as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intraamniotic environment.

If oligohydramnios is observed, ACCUPRIL should be discontinued unless it is considered life-saving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as a means of reversing hypotension and/or substituting for disordered renal function. Removal of ACCUPRIL, which crosses the placenta, from the neonatal circulation is not significantly accelerated by these means. No teratogenic effects of ACCUPRIL were seen in studies of pregnant rats and rabbits. On a mg/kg basis, the doses used were up to 180 times (in rats) and one time (in rabbits) the maximum recommended human dose.

PRECAUTIONS

General

Impaired renal function: As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including ACCUPRIL, may be associated with oliguria and/or progressive azotemia and rarely acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine have been observed in some patients following ACE inhibitor therapy. These increases were almost always reversible upon discontinuation of the ACE inhibitor and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy.

Some hypertensive patients with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when ACCUPRIL has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction and/or discontinuation of any diuretic and/or ACCUPRIL may be required.

Evaluation of hypertensive patients should always include assessment of renal function (see DOSAGE AND ADMINISTRATION).

Hyperkalemia and potassium-sparing diuretics: In clinical trials, hyperkalemia (serum potassium ≥ 5.8 mmol/L) occurred in approximately 2% of patients receiving ACCUPRIL. In most cases, elevated serum potassium levels were isolated values which resolved despite continued therapy. Less than 0.1% of patients discontinued therapy due to hyperkalemia. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with ACCUPRIL (see PRECAUTIONS, Drug Interactions).

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent, and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, ACCUPRIL will block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Information for Patients

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

Angioedema: Angioedema, including laryngeal edema, can occur with treatment with ACE inhibitors, especially following the first dose. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to stop taking the drug until they have consulted with their physician (see WARNINGS).

Symptomatic hypotension: Patients should be cautioned that lightheadedness can occur, especially during the first few days of ACCUPRIL therapy, and that it should be reported to a physician. If actual syncope occurs, patients should be told to not take the drug until they have consulted with their physician (see WARNINGS).

All patients should be cautioned that inadequate fluid intake or excessive perspiration, diarrhea, or vomiting can lead to an

Accupril® (Quinapril Hydrochloride Tablets)

excessive fall in blood pressure because of reduction in fluid volume, with the same consequences of lightheadedness and possible syncope.

Patients planning to undergo any surgery and/or anesthesia should be told to inform their physician that they are taking an ACE inhibitor.

Hyperkalemia: Patients should be told not to use potassium supplements or salt substitutes containing potassium without consulting their physician (see PRECAUTIONS).

Neutropenia: Patients should be told to report promptly any indication of infection (eg, sore throat, fever) which could be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with ACCUPRIL is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions

Concomitant diuretic therapy: As with other ACE inhibitors, patients on diuretics, especially those on recently instituted diuretic therapy, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with ACCUPRIL. The possibility of hypotensive effects with ACCUPRIL may be minimized by either discontinuing the diuretic or cautiously increasing salt intake prior to initiation of treatment with ACCUPRIL. If it is not possible to discontinue the diuretic, the starting dose of quinapril should be reduced (see DOSAGE AND ADMINISTRATION).

Agents increasing serum potassium: Quinapril can attenuate potassium loss caused by thiazide diuretics and increase serum potassium when used alone. If concomitant therapy of ACCUPRIL with potassium-sparing diuretics (eg, spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes is indicated, they should be used with caution along with appropriate monitoring of serum potassium (see PRECAUTIONS).

Tetracycline and other drugs that interact with magnesium: Simultaneous administration of tetracycline with ACCUPRIL reduced the absorption of tetracycline by approximately 28% to 37%, possibly due to the high magnesium content in ACCUPRIL tablets. This interaction should be considered if coprescribing ACCUPRIL and tetracycline or other drugs that interact with magnesium.

Lithium: Increased serum lithium levels and symptoms of lithium toxicity have been reported in patients receiving concomitant lithium and ACE inhibitor therapy. These drugs should be co-administered with caution, and frequent monitoring of serum lithium levels is recommended. If a diuretic is also used, it may increase the risk of lithium toxicity.

Other agents: Drug interaction studies of ACCUPRIL with other agents showed:

- Multiple dose therapy with propranolol or cimetidine has no effect on the pharmacokinetics of single doses of ACCUPRIL.
- The anticoagulant effect of a single dose of warfarin (measured by prothrombin time) was not significantly changed by quinapril coadministration twice-daily.
- ACCUPRIL treatment did not affect the pharmacokinetics of digoxin.
- No pharmacokinetic interaction was observed when single doses of ACCUPRIL and hydrochlorothiazide were administered concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Quinapril hydrochloride was not carcinogenic in mice or rats when given in doses up to 75 or 100 mg/kg/day (50 to 60 times the maximum human daily dose, respectively, on a mg/kg basis and 3.8 to 10 times the maximum human daily dose when based on a mg/m² basis) for 104 weeks. Female rats given the highest dose level had an increased incidence of mesenteric lymph node hemangiomas and skin/subcutaneous lipomas. Neither quinapril nor quinaprilate were mutagenic in the Ames bacterial assay with or without metabolic activation. Quinapril was also negative in the following genetic toxicology studies: *in vitro* mammalian cell point mutation, sister chromatid exchange in cultured mammalian cells, micronucleus test with mice, *in vitro* chromosome aberration with V79 cultured lung cells, and in an *in vivo* cytogenetic study with rat bone marrow. There were no adverse effects on fertility or reproduction in rats at doses up to 100 mg/kg/day (60 and 10 times the maximum daily human dose when based on mg/kg and mg/m², respectively).

Pregnancy

Pregnancy Categories C (first trimester) and D (second and third trimesters): See WARNINGS, Fetal/Neonatal Morbidity and Mortality

Nursing Mothers

It is not known if quinapril or its metabolites are secreted in human milk. Quinapril is secreted to a limited extent, however, in human milk; caution should be exercised when ACCUPRIL is given to a nursing mother.

milk of lactating rats (5% or less of the plasma drug concentration was found in rat milk). Because many drugs are secreted in human milk, caution should be exercised when ACCUPRIL is given to a nursing mother.

Geriatric Use

Elderly patients exhibited increased area under the plasma concentration time curve (AUC) and peak levels for quinapril compared to values observed in younger patients; this appeared to relate to decreased renal function rather than to age itself. In controlled and uncontrolled studies of ACCUPRIL, where 918 (21%) patients were 65 years and older, no overall differences in effectiveness or safety were observed between older and younger patients. However, greater sensitivity of some older individual patients cannot be ruled out.

Pediatric Use

The safety and effectiveness of ACCUPRIL in children have not been established.

ADVERSE REACTIONS

ACCUPRIL has been evaluated for safety in 4960 subjects and patients. Of these, 3203 patients, including 655 elderly patients, participated in controlled clinical trials. ACCUPRIL has been evaluated for long-term safety in over 1400 patients treated for 1 year or more.

Adverse experiences were usually mild and transient.

Discontinuation of therapy because of adverse events was required in 4.7% of patients treated with ACCUPRIL in placebo-controlled hypertension trials.

Adverse experiences probably or possibly related to therapy or of unknown relationship to therapy occurring in 1% or more of the 1563 patients in placebo-controlled hypertension trials who were treated with ACCUPRIL are shown below.

Adverse Events in Placebo-Controlled Trials

	ACCUPRIL (N = 1563) Incidence (Discontinuation)	Placebo (N = 579) Incidence (Discontinuation)
Headache	5.6 (0.7)	10.9 (0.7)
Dizziness	3.9 (0.8)	2.6 (0.2)
Fatigue	2.6 (0.3)	1.0
Coughing	2.0 (0.5)	0.0
Nausea/Vomiting	1.4 (0.3)	1.9 (0.2)
Abdominal Pain	1.0 (0.2)	0.7

See PRECAUTIONS, Cough.

Clinical adverse experiences probably or possibly related, or of uncertain relationship to therapy, occurring in 0.5% to 1.0% (except as noted) of the patients treated with ACCUPRIL (with or without concomitant diuretic) in controlled or uncontrolled trials (N = 4397) and less frequent, clinically significant events seen in clinical trials or post-marketing experience (the rarer events are in italics) include (listed by body system):

General: back pain, malaise

Cardiovascular: palpitation, vasodilation, tachycardia, heart failure, hyperkalemia, myocardial infarction, cerebrovascular accident, hypertensive crisis, angina pectoris, orthostatic hypotension, cardiac rhythm disturbances

Gastrointestinal: dry mouth or throat, constipation, gastrointestinal hemorrhage, pancreatitis, abnormal liver function tests

Nervous/Psychiatric: somnolence, vertigo, syncope, nervousness, depression

Integumentary: increased sweating, pruritus, exfoliative dermatitis, photosensitivity reaction

Urogenital: acute renal failure

Other: amblyopia, pharyngitis, sinusitis, bronchitis, agranulocytosis, thrombocytopenia

Fetal/Neonatal Morbidity and Mortality

See WARNINGS, Fetal/Neonatal Morbidity and Mortality.

Angioedema: angioedema has been reported in patients receiving ACCUPRIL (0.1%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with ACCUPRIL should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Clinical Laboratory Test Findings

Hematology: (See WARNINGS)

Hyperkalemia: (See PRECAUTIONS)

Creatinine and blood urea nitrogen: Increases (T1.25 times the upper limit of normal) in serum creatinine and blood urea nitrogen were observed in 2% and 2%, respectively, of patients treated with ACCUPRIL alone. Increases are more likely to occur in patients receiving concomitant diuretic therapy than in those on ACCUPRIL alone. These increases often remit on continued therapy.

* In some patients, the antihypertensive effect may diminish toward the end of the once-daily dosing interval. In such patients, an increase in dosage or twice-daily administration may be warranted.

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July

12-15, 6th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management. Location:

Grand Traverse Resort Village, Grand Traverse Resort, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

August

3-6, Mackinac Island Imaging Conference. Location:

Grand Hotel, Mackinac Island, Michigan. **Sponsors:** William Beaumont Hospital-Diagnostic

Radiology. **Contact:** Mary Anne Smith, Diagnostic Radiology, William Beaumont Hospital, 3601 W. 13 Mile Rd., Royal Oak, MI 48073, (313) 551-6199.

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10-12, Internal Medicine Update. Location:

Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-1678. **Approved for:** 12 hours Category I Credit.

20-23, Cardiology Update. Location:

Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-1678. **Ap-**

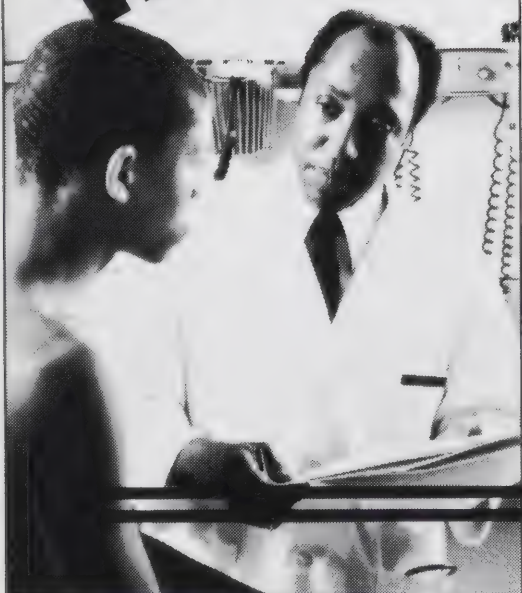
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September

21-22, Update on Pulmonary and Critical Care Medicine. Location:

Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-1678. **Approved for:** 14 hours Category I Credit.

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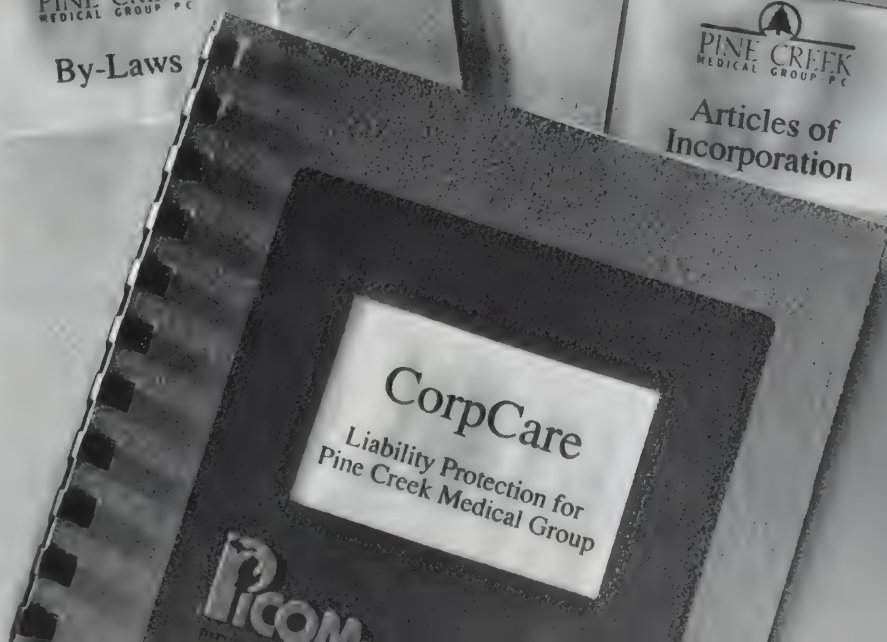
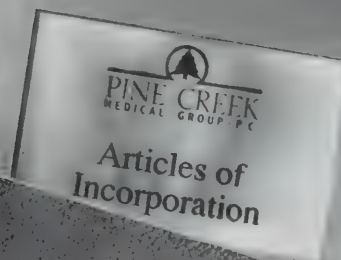


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Physicians must become aware of domestic violence

By Thomas C. Payne, MD

One of the fringe benefits I most look forward to as president of the Michigan State Medical Society is using the position as a bully pulpit to trumpet my concerns about a variety of issues before us, but particularly about the epidemic of domestic violence.

We pay an awful price for the ravages of domestic violence, whether it's child abuse, child sexual abuse, spouse abuse or elder abuse.

Innocent lives are lost, or irreparably damaged. The cycle of domestic violence continues to afflict generation after generation. And it costs society billions and billions of dollars every year to deal with the effects of this societal cancer.

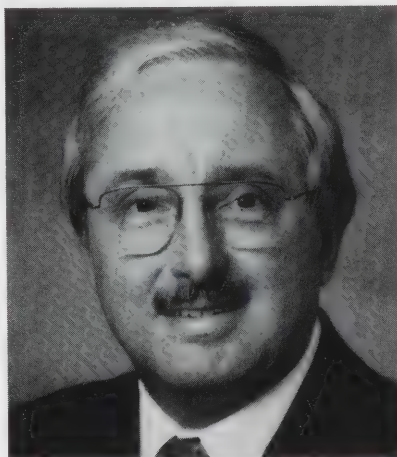
Consider these facts:

- between two and four million children suffered abuse or neglect at the hand of a parent in the past year
- as many as one million senior citizens were mistreated by their caregivers
- and nearly one million women were battered by their partners
- one-sixth of all homicides were committed by a member of the victim's family, and half of those by the victim's spouse
- half of the cases of battery against women and a third of all rapes were committed by spouses
- and between 200,000 and 500,000 children were sexually abused by parents or relatives

Abuse of children includes not only physical harm, but emotional abuse including verbal attacks or excessive demands on a child's performance; and neglect including abandonment, inattention to medical needs, incomplete provi-

sion of basic care and inadequate nurturing or affection.

Abuse of adults is not only physical, either. It also includes forced isolation, belittling verbal abuse, threats, intimidation and the restriction of access to money, transportation and other resources.



And elder abuse, in addition to physical harm, can take the form of emotional abuse and financial abuse.

I decided to dedicate my presidency to helping physicians become aware of the domestic violence epidemic after hearing a presentation by AMA Board vice chairman Robert McAfee, MD.

To hear the size and scope of this tragedy moved me. And to hear that the AMA is taking an aggressive role in eradicating this crisis in-

spired me. I am far from an expert in domestic violence, but I decided if I can learn about detecting it and preventing it and help the 12,000 members of the Michigan State Medical Society do the same, we can go a long way toward a cure.

Right now, the AMA is developing and updating practice guidelines for detecting evidence of all types of domestic violence and treating its victims. Early detection, counseling and referral, creating institutions and community programs and thorough treatment, according to the experts, can help reduce the incidence of domestic violence and its spiraling downward effects.

Please keep an eye out for the June issue of the *Journal of the American Medical Association*. The entire issue will be dedicated to domestic violence. I urge you to read this issue thoroughly.

I know I will. ■

Doctor Payne is MSMS president.

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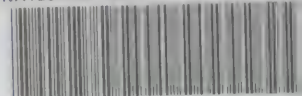
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Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully

References: 1. Data on file, Searle. 2. Edmonds D, Würth JP, Baumgart P, et al. Twenty-four-hour monitoring of blood pressure during calcium antagonist therapy. In: Fleckenstein A, Laragh SH, eds. *Hypertension—the Next Decade: Verapamil in Focus*. New York, NY: Churchill Livingstone; 1987:94-100. 3. Midtbø KA. Effects of long-term verapamil therapy on serum lipids and other metabolic parameters. *Am J Cardiol*. 1990;66:131-151. 4. Fagher B, Henningsen N, Hulthén L, et al. Antihypertensive and renal effects of enalapril and slow-release verapamil in essential hypertension. *Eur J Clin Pharmacol*. 1990;39(suppl 1):S41-S43. 5. Schmieder RE, Messerli FH, Garavaglia GE, et al. Cardiovascular effects of verapamil in patients with essential hypertension. *Circulation*. 1987;75:1030-1036. 6. Midtbø K, Lauve O, Hals O. No metabolic side effects of long-term treatment with verapamil in hypertension. *Angiology*. 1988;39:1025-1029.

monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. There was no evidence of a carcinogenic potential of verapamil administered to rats for 2 years. A study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecostasia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

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MICHIGAN MEDICINE

JUNE 1992
VOL. 91, NO. 6

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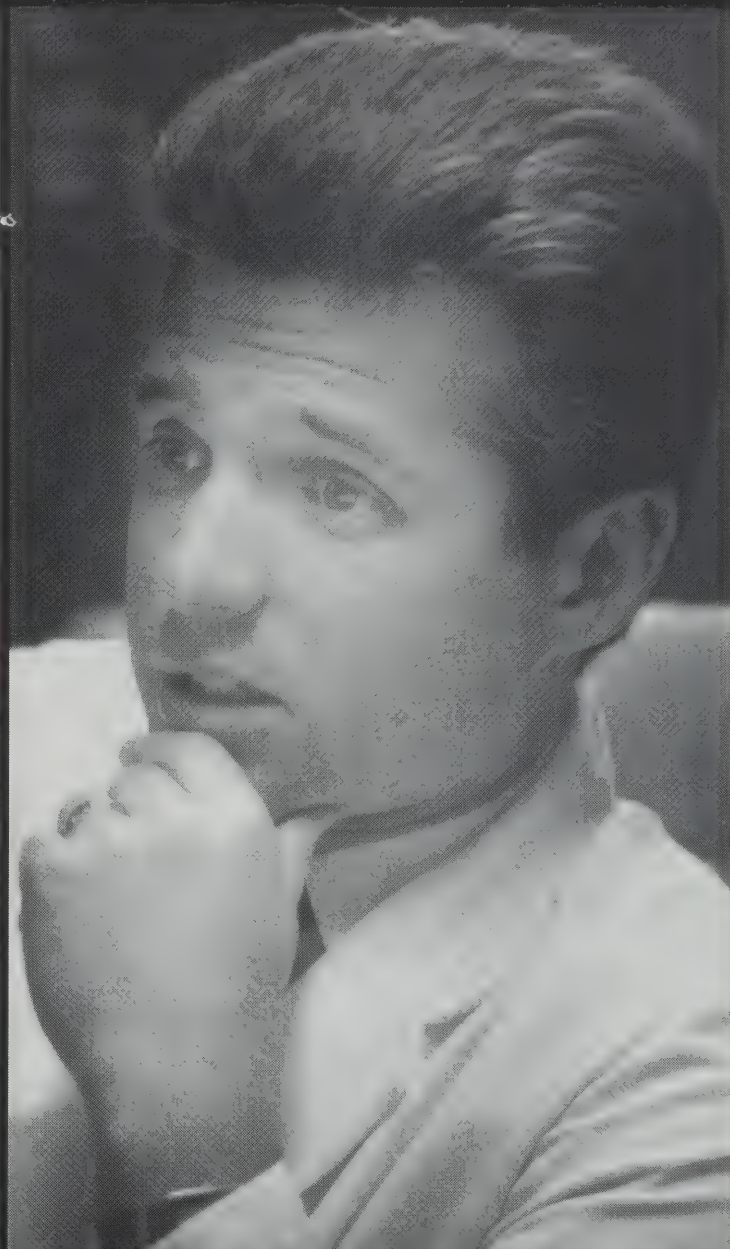
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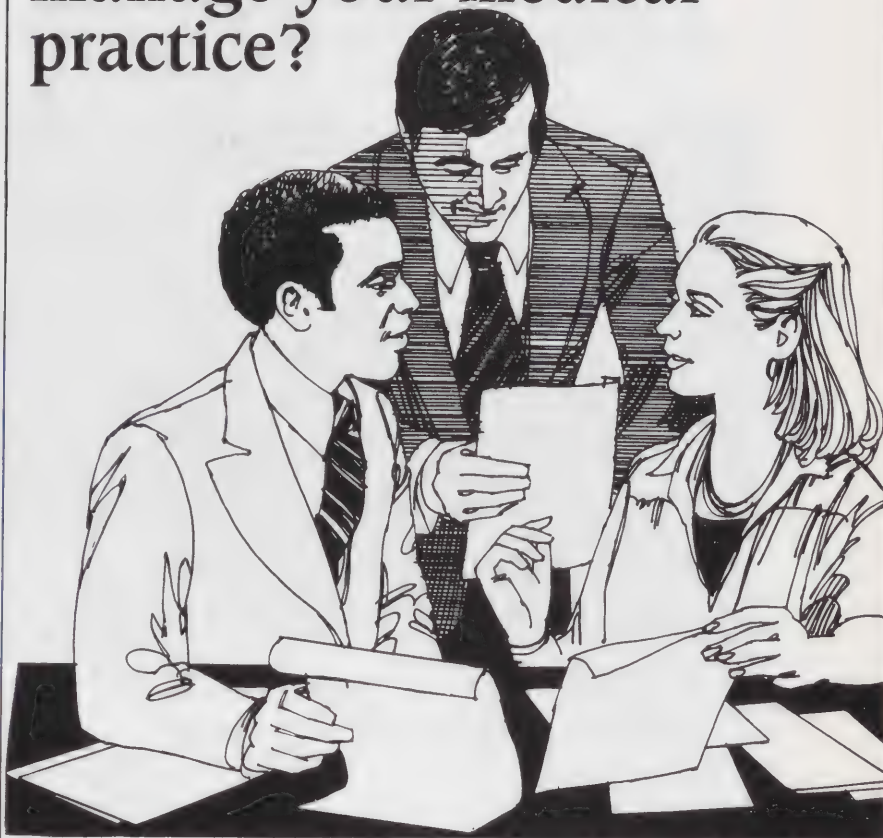
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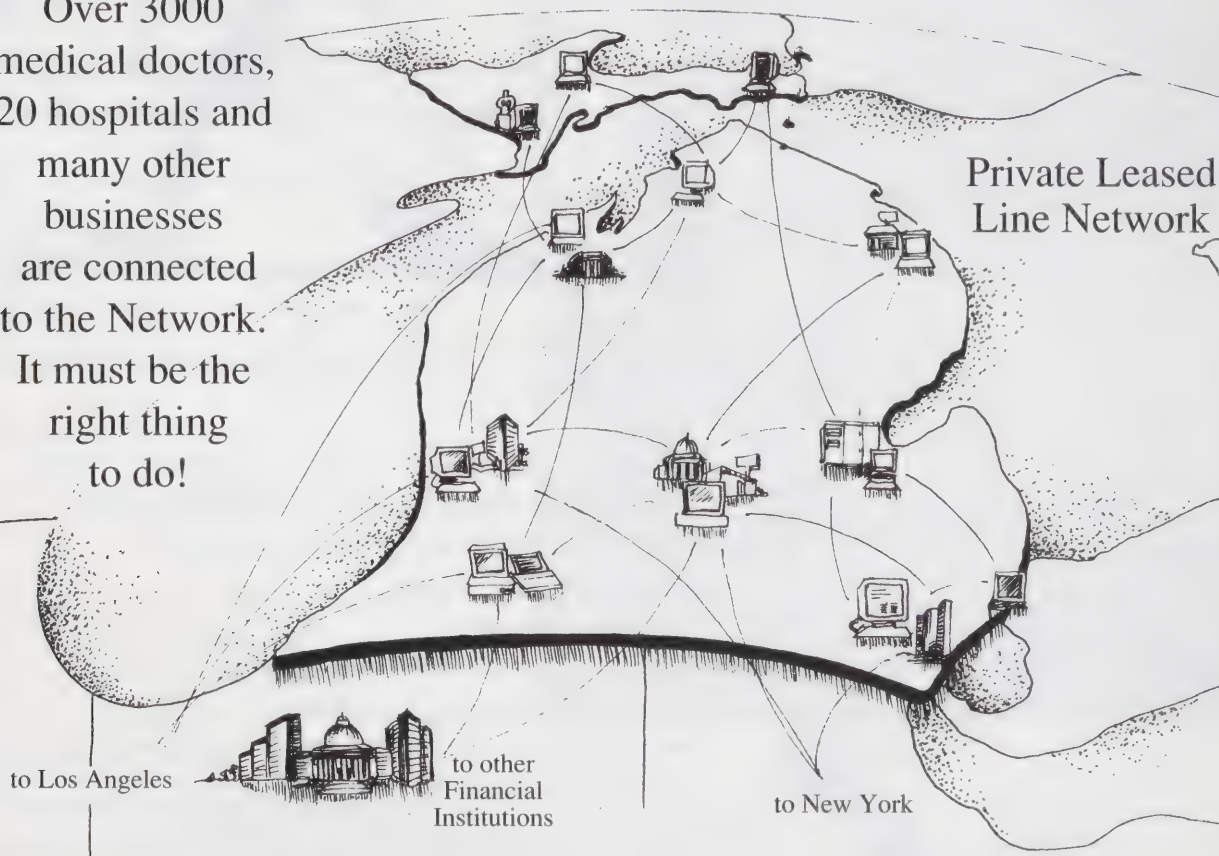
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MICHIGAN MEDICINE

JUNE 1992

VOLUME 91, NO. 6

Award-Winning Journal of the Michigan State Medical Society

COVER STORY

It is morally and ethically wrong for a physician to help a patient end his life? Should it be illegal? There are no easy answers to these and other questions pertaining physician-assisted suicide, but they are questions Michigan physicians, patients and community leaders are now seriously examining in the aftermath of Jack Kervorkian, MD, and his so-called "death machine." This month's cover story explores the issue of physician-assisted suicide. Included are: A progress report on the MSMS physician-assisted suicide forums, an examination of the need for public dialogue, a look at the pros and cons, landmark cases, pending legislation and AMA policy.



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MSMS members have until June 30 to enroll.

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If you are not recycling materials in your practice, you should read this article.

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Practice Management

Cover illustration: By Robert L. Brent

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SOUNDOFF!

Soundoff! provides you with the opportunity to voice your opinion about any issue you please. If you have an opinion you would like to share with your colleagues, write it down and send it to *Michigan Medicine*, PO Box 950, East Lansing, MI 48826-0950 Attn: Betty McNerney. We will do our best to publish your comments in a timely manner.

Curing Michigan's Medical Liability Problem

By Jack L. Barry, MD
and W. Peter McCabe, MD

It is unlikely that any state, border to border, suffers from an orgy of liability lawsuits as much as Michigan does.

As severe as the problem is in a qualitative sense, the one dimension in which Michigan is truly unique is the unusually high frequency of malpractice suits. A sense of that came from a study performed by the Wayne County Medical Society in 1985, on the relative incidence of suits in a number of large urban counties across the country.

Feeling that raw numbers alone did little to gauge the impact of litigation on physician groups, the study took the number of all malpractice suits filed in Wayne County in 1984 and divided it by the number of practicing physicians to arrive at a frequency index. Only two other urban counties could be found with statistics gathered in a fashion suitable for comparison... Cook County in Chicago, and Los Angeles County. The results were startling. Wayne County had two-and-a-half times the frequency of Cook County, and *four times* that of Los Angeles County.

Some solace could be taken if it were likely that Wayne County was some kind of litigious aberration.



Barry



McCabe

But it appears that whatever forces are at work in Wayne County spill over into most of the rest of the state, so that at any one time a Michigan county matched with a demographically similar county elsewhere in the nation is likely to show the same high frequency profile.

Fashioning a tort reform agenda to address Michigan's liability problem requires crafting a package which addresses this specific issue in addition to all the others with which we have become depressingly familiar. Many of the legislative proposals currently in the hopper don't target the frequency problem specifically.

Notice-to-sue law could have impact

The one element in MSMS' current tort package which could impact directly on the occurrence rate of lawsuits is the notice-to-sue-law. It's not sexy or in-your-face confrontational, but it deals with the way things work in the real world. A little vignette might explain that.

In early 1991 a number of directors from Physician's Insurance

Continued on following page

Continued from page 5

Company of Michigan (PICOM), of which I (Doctor McCabe) was one, visited the claims departments of some doctor-owned malpractice carriers in California as part of a routine review of our own operations. At one company, NORCAL, we had difficulty reconciling such terminology as claim/incident/file/action/suit. We went on for an hour, talking around each other, trying to get our comparative statistics on a level playing field. Finally, in frustration, I asked their claims manager what percentage of whatever her people were working on were lawsuits? Twenty-five percent was the answer. I turned to our claims manager, Ken Killen, and asked the same question. Ninety to 95 percent was his estimate. And that, in a nutshell, is the difference between California and Michigan. Out there, disputes are resolved in 75 percent of cases without litigation, in most cases without payment.

In Michigan, we sue first, investigate and negotiate later. Why is that? A number of reasons. The relative newness of claims-made insurance in Michigan, for one thing. Whatever the faults of claims-made, there's a built-in incentive to report incidents early, if for no other reason than for the doctor to document coverage. With the more familiar occurrence insurance there is no such incentive. For another, there is unfortunately a past history in Michigan of surcharging on the basis of reported claims, which encourages insurers to "hide" incidents from their insurers until the sheriff walks in the door.

In California, on the other hand, a physician gets a letter from a plaintiff attorney notifying him/her of an intent to sue. This obligates the doctor to report the letter to the insurer, which has 90 days to work

the case up and then meet with the plaintiff attorney. The outcome of these negotiations is illuminating. Many of these disputes are dropped, since the trial lawyer doesn't want to take on a loser. Some are settled. The balance, the roughly 25 percent which cannot be resolved, proceed to litigation.

Notice law acts as a filter

In addition to cutting the incidence of filings, a notice law acts as a filter of the quality of suits. Once filed, even the most outrageous lawsuits seem to have a two-year momentum that is impossible to deflect. When they are dropped it's usually on the courthouse steps. Part of this is venal, perhaps, but much of it is because of legal standard of care pressures the system imposes on lawyers for both sides, eg., adequate discovery.

There is little doubt that dialogue between the parties before filing lessens the chance of suit. For whatever reason, little pre-suit investigation occurs in the typical malpractice case in Michigan. Instead, a lawsuit is filed because there's seems to be so little downside risk, and only then is the case prepared. This is what I call "tail" preparation...file suit, then prepare.

Pre-suit preparation key

In contrast, a notice law would encourage what I call "nose" preparation... before the lawsuit. Even if the preparation is done by the defense, it will be shared with the plaintiff side, but whoever does it, at least some preparation will have been done. This pre-suit dialogue increases the likelihood that a case with some exposure for the doctor could be settled early, while non-meritorious claims would be dropped.

There is potential benefit for the various players in the tort game. For

the doctor, fewer process servers marching through busy waiting rooms, and an increased likelihood of getting things resolved within a relatively short time frame and with a higher likelihood of the case being dropped. For the plaintiff side, the defense does most of the early investigation, saving preparation costs; and there is an increased likelihood of early settlement in cases having some exposure.

As for its public policy impact, money gets to deserving patients much faster, and court dockets are less clogged. And finally, talk before conflict seems to fit within a long Michigan labor tradition of "jaw-boning," or sitting down at a bargaining table to thrash things out. As such, the notice law acts as a cooling-off period. It also returns the courts to the mission for which they were originally designed — deciding contentious disputes that cannot be resolved through negotiation.

Notice law allows for "cooling off" period

Provided that there's no threat to the statute of limitations, there seems to be little concern about its constitutionality. The law essentially places no limitations on anyone's rights, nor does it impose any complex set of new procedures. It basically acts as a cooling-off period. It also lets nature take its course; if no one wants to talk, then so be it. But the natural tendency of things is that the parties will talk.

The beauty of a notice-to-sue law is its simplicity.

Kept simple, a notice law offers real promise of targeting a specific feature of the malpractice problem in Michigan. ■

Doctor Barry is chairman of the MSMS Board of Directors. Doctor McCabe is vice chairman of the MSMS Board of Directors and is a member of the MSMS Task Force on Professional Liability.

LETTERS

Physicians only for Public Health Directors?

As health officer of the Berrien County Health Department, I want to compliment you for including the very informative series of articles relating to public health issues in your April, 1992 issue of *Michigan Medicine*. I thought that the author, Ralph D. Ward, did a very creditable job in presenting the issues with clarity and factual documentation, with the notable exception being the article entitled, "Physicians Only for Public Health Directors?"

As president-elect of the Michigan Health Officers Association, I personally feel the need to address the misrepresentation of facts and the erroneous perceptions that the author conveys. Specifically, I would like to cite the following:

1. The article erroneously stated: "There are public health jurisdiction in Michigan, 26 using the first (physician) system, 12 the second (non-physician) system, and the rest using a shared or combination system." The truth is that there are 50 recognized local public health jurisdictions in Michigan. Of this number, 17 are headed by physician health officers (34%) and 33 are headed by administrative health officers (66%).

Another way of looking at the difference in the mix of physician or administrative health officers is simply to note the fact that 38 different individual health officers serve the 50 local health jurisdiction. The reason for the fewer number of health officers than jurisdictions is that several local health departments share the services of a health officer, generally for the purpose of reducing costs. Of the 38 individual health officers in Michigan, 11 are physicians (29%) and 27 are admin-

istrative health officers (71%).

Note: The source of these statistics is the Division of Local Health Support of the Michigan Department of Public Health (see attachment).

2. A second source of frustration with this article is the erroneous perception that is portrayed when the author states: "Yet at the local level, there remains dissention over exactly who should be qualified to serve as a public health director, and how much authority they should have." I could agree with the above statement if it had been written 17 years ago when Michigan began the transition from a system that previously required all local health officers to be physicians to the current system that Dr. Davis so accurately described as allowing a local health jurisdiction the opportunity to select the type of local direction they feel best suits their individual style and needs. In talking with many of my peers from all areas of the state, we are unaware of any current local "dissention" as this article implies.

Act 368 of Public Acts of 1978, 333.2428 spells out the qualifications, powers, and duties of a local health officer. Administrative Rules, numbered R 325.13001, R 325.13002, and R 325.13003 delineate the specific requirements for qualification for each type of health officer (medical or administrative).

Since the passage of the Public Health Code and its rules, this issue of "dissention" has, for the greatest part, been put to rest at the local level. The current issues on this particular topic center around the question of whether or not all locally appointed health officers meet these established state requirements. The Michigan Department of Public Health has the re-

sponsibility to make this determination.

3. The other major area of discontent with this article concerns the following statement: "But there are other voices saying that physicians should be required as public health director". Apparently the author is hearing voices that none of the rest of us are hearing. The author didn't reveal to the reader the source of this viewpoint, other than assigning it to the ambiguity of "other voices."

In summary, I believe the misconceptions and inaccuracies that appeared in this article need to be more objectively addressed in a future issue of *Michigan Medicine*. The majority views of the 66% of Michigan's local health jurisdictions that have voluntarily chosen to operate with the administrative type of health officer needs to be more fairly presented to your readership.

Jerome A. Erickson, MPH
Health Officer

Nice to know MSMS has such helpful staff

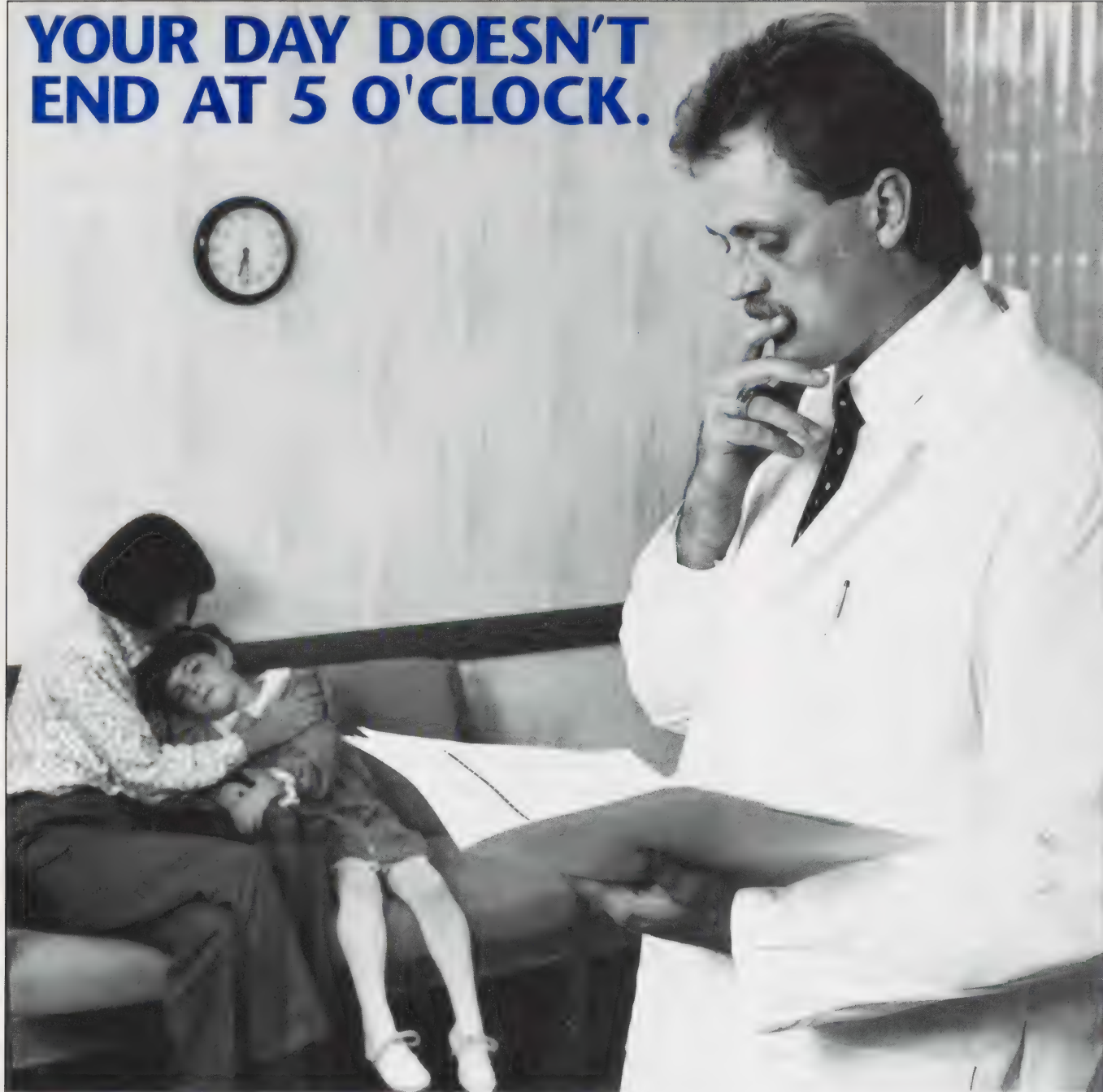
Editor's note: The following letter was sent to MSMS immediate past president Robert D. Burton, MD, and is reprinted here with the permission of the author.

I would like to write and express my thanks and gratitude to one of your administrative staff members at the Michigan State Medical Society.

My office administrator and I have been working closely with Joyce Nurenberg, the reimbursement ombudsman on several problems that we have been having in our laboratory over the last two years. I have worked with Blue

Continued on page 9

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LETTERS

Continued from page 7

Cross/Blue Shield and Medicare continuously on this problem for over the last eight months and have gotten no where, as did my office administrator. It seems that Joyce has straightened our situation out with Blue Cross/Blue Shield and Medicare and she has been extremely helpful in this matter. She seemed to fully comprehend the problems we were having and asked us for the necessary documentation to show the problems we were having and then took them directly to the people I have been dealing with over the last year. It now hopefully appears that our problems with Blue Cross/Blue Shield and Medicare have been straightened out, in a large part due to Joyce's efforts.

I have to admit that, initially, I did not think by contacting Joyce that I would have much luck beyond what I had obviously done over the last eight months myself. But as I said, she seemed to be very knowledgeable and extremely helpful. I am very happy that we contacted her and she helped us with our problem. It is nice to see that we have such helpful people working for MSMS and the members of the Society.

David A. Mehregan, MD
Monroe

Rural physicians face tough times

I would like to comment on the open letter from David H. Gilbert, MD, which appeared in the March 1992 issue of *Michigan Medicine* ("Rural health problems plague western UP," page 40). Doctor Gilbert expressed what I have felt for some time working as a primary care physician in a rural community. It has been clear to me for some time that government policy has been skewed toward specialists and toward cities. This is clearly because

that is where the political clout exists. I believe that until the rural constituency makes its voice heard that conditions for rural physicians will continue to deteriorate along with generalized declining reimbursement rates which will effect all physicians.

Doctor Gilbert's letter is particularly clear in its examples of the reasons for the frustrations which occur in a rural practice. I would like to commend him for taking the time to clearly elucidate the issues and for attempting to make an impact. I can only add my complete support to his positions and ideas and I hope that his letter falls into the hands of those who will attempt to do something about it. I am afraid, however, that until the patients effected start to make their feelings known to their representatives in the legislature, that no significant change can occur.

Paul A. Haupt, DO
Menominee

Trees Corps at work in Kent County; physician support needed

Since 1989, the Trees Corps organization has planted 100,000 trees in Kent County with the support of the community. This project has been recognized by the State of Michigan, the Michigan State Forestry Association and by the Federal government as an example of how local cooperation can make a meaningful environmental impact on the community.

This year, the AMIS/Trees Corps committee has decided to give each child in the first grade a 6 to 12 inch pine or spruce. The fifth grade students, as in years past, will receive a 6 to 10 foot barerooted deciduous tree to be planted around their homes. We will also be distributing trees at the Downtown Children's Festival for the fourth consecutive year.

AMIS/Trees Corps and the Metropolitan Council have been awarded a matching grant by the Natural Resources Development Program of the U.S. Small Business Administration (SBA) to plant trees. These monies will be used to plant area parks, roadways and highways.

As we continue our efforts in Kent County, we hope that Michigan's other 82 counties, other states and countries will follow our leadership in this most important effort towards a sustainable environment for our planet. We need to raise \$100,000 to cover the projected cost of the trees, informational materials, and SBA matching grant. We need your support if we are to make this 1992 Planting Program a success. Won't you please help!

Alfred B. Swanson, Chairman
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A monthly update of key MSMS activities

MSMS seminar will help IMGs find residencies

As part of an ongoing effort to aid international medical graduates (IMGs) in obtaining residency positions, MSMS will offer an IMG residency workshop this fall. The comprehensive day-long program will provide how-to information for IMGs on finding residency positions. MSMS conducted a similar workshop last fall. For more information, contact Betty McNerney, MSMS IMG Section staff liaison, at MSMS.

Demand for MSMS AIDS speakers increasing

The MSMS AIDS Provider Education Project has filled almost as many requests for speakers in the first half of fiscal 1992 as it did during all of last year. Requests for the project's 150 available health care professionals has risen steadily since the project's inception in 1986.

In 1991, the project's speakers bureau received 225 requests. By March this year, nearly halfway through the project's fiscal year, the project had received 224 requests for speaking engagements booked through June.

Speakers are physicians, nurses, infection control practitioners, case management workers, and HIV-infected individuals who speak for free to health care providers about AIDS. Since 1986, the project has reached 50,000 physicians through its speakers bureau. Call Tracy Baker at MSMS at (517) 336-5770 or Bonnie McCauley at (517) 336-5772 for details.

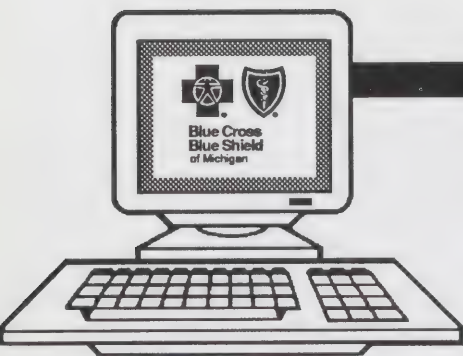
Practice seminars help young physicians in practice start-up

Young physicians can obtain valuable practice information by attending the MSMS Young Physicians Seminar Series. Choose from two intensive sessions, both offered this month at the Sheraton Inn in Ann Arbor. "Joining a Partnership or Group Practice" will be offered June 25 from 1:00-5:00 p.m. "Starting Your Practice" will be conducted June 26-27 from 8:30 a.m. to 5:00 p.m. Call the MSMS Office of Physician Education at (517) 336-5784 for information.

New MSMS Abbott Press provides physician services

The new MSMS in-house printing operation, Abbott Press, is now in its sixth month of operation. Abbott Press offers a wide array of services, through competitive marketing, to physicians, including the printing of letterhead, brochures, and office forms. Call John Richards at MSMS at (517) 336-5577 for details.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517/337-1351.



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- Generates additional financial and management reports



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County Medical Societies **ON THE GO**

Michigan Medicine is pleased to introduce this new column which highlights the activities of county medical societies in Michigan. If the activities of your county medical society is not mentioned in this feature — and you have some news you would like to share — please contact Helen Fordham at MSMS.

ST. CLAIR COUNTY

■ The Port Huron People's Clinic Project, which provides medical care to those without health insurance or Medicaid, recently completed its first 18 months of operation. Armin Franke, MD, retired internist and member of St. Clair County Medical Society, was actively involved in the community initiative to establish the clinic and now staffs the facility one day a week. For his outstanding service to the clinic, Doctor Armin recently received a 1992 MSMS Community Service Award from MSMS.

GENESEE COUNTY

■ An AIDs advocacy program, which was established in 1989 under the aegis of the Genesee County Medical Society Foundation, has applied for a grant from the Michigan Department of Public Health Ryan White Fund. The money will be used to continue research into issues related to the ongoing care of AIDS patients. Thus far the program's taskforce, which consists of members of the county medical society, has worked with community groups to develop guidelines for continuity of care for HIV-infected patients. They have also established a patient management system, which helps ensure that infected patients are accessing the care they need.

Genesee County celebrated its 150th anniversary May 16 with a ball at the Flint Golf Club.

KENT COUNTY

■ Kent County physicians and lawyers took to the Grand Rapids area schools in April and May to warn students about the medical and legal consequences of alcohol and drug

abuse. This is the third time that the Kent County "Doctors, Lawyers, Substance Abuse Education Program" has visited schools since its inception in 1990. The Kent County program is similar to Detroit's MELL (Medical Education Legal Law Enforcement) Team Project, which also arranges for teams of physicians, lawyers and law enforcement officers to go into schools to discuss drug abuse with students.

Paul Farr, MD, a Grand Rapids gastroenterologist and member of Kent County Medical Society, worked on the Chamber of Commerce Health Care Subcommittee, which made a report to the Congressional Action Committee about health care policy. The Chamber of Commerce task force was established because of the alarming cost of national health care, the deep frustration with cost shifting, and the need to develop a business community response to emerging national health care proposals. The task force formulated policy statements to be used as guides on national health care policies. The report also made recommendations for community initiatives into prenatal care, durable power of attorney, lifestyle programs, medical malpractice, expanded access through tax credits and basic risk pool.

WAYNE COUNTY

■ Members of the community got to see what being a physician really means when Wayne County Medical Society held its third mini-internship program in April. Six members of the community accompanied a select group of physicians as they went about their daily routines. This year's group included: a member of the

Detroit Chamber of Commerce, a CEO of a Health Maintenance Organization, a reporter from the Detroit Free Press and the director of Home Health Care Agencies. The interns were debriefed at the end of the two-day experience. Feedback from the program indicates that the interns were impressed with the number of hours physicians work.

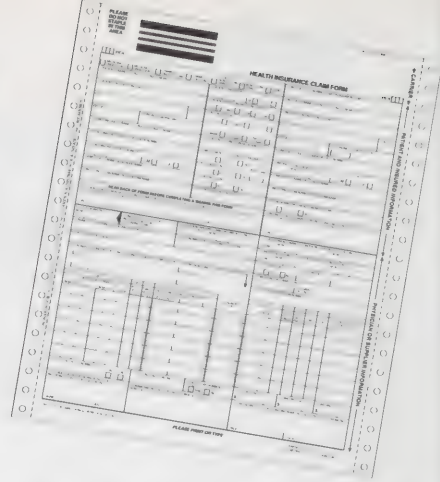
■ The Wayne County Medical Society's Metropolitan Detroit Foundation for Health Education has received a grant from the Else Kolhede Memorial Fund to produce a video on violence and health issues among youth. Ten students from Bloomfield Lahser High School and the Martin Luther King School have been selected to be involved in the project. These young people will describe, on video, how they perceive health and violence issues in the community, how those issues impact them and their ideas for resolution of these issues. The videos will range from three to ten minutes in length and will be scripted and produced by the students over the next three months. Wayne County hopes to use the videos in conjunction with Detroit's Channel 56 series of programs that focus on the problems of Detroit's youth. In addition, the videos will be used as teaching aids to provoke discussion in schools about health and violence issues.

SAGINAW COUNTY

■ Richard Mudd, MD, retired Saginaw occupational medicine specialist, has spent much of the last 50 years trying to clear his grandfather's reputation. Doctor Mudd's grandfather, Samuel Mudd, MD, was accused of assisting John Wilkes Booth to escape after he had assassinated President Abraham Lincoln. Doctor Mudd's articles about his grandfather have appeared in over 400 magazines and newspapers around the world, most recently in *People* magazine on April 6. ■

Let's Set the Record Straight on the New HCFA1500 Claim Form

Medicare has been giving out
misleading information
causing confusion and anxiety.



New Form Acceptance

Medicare Claimed: The New HCFA1500 Claim Form was not going to be the form they were going to use.

FACT: Medicare did not recognize the New HCFA1500 Claim Form as their new form until January 1992. Professional Health Care Forms had been providing this form for 2 months and knew about it 6 months before that.

Where Can You Purchase These Forms?

Medicare Claimed: You must purchase the New HCFA1500 Claim Form from the Government Printing Office (GPO).

FACT: There are several qualified vendors that can provide you with the New HCFA1500 Claim Form including Professional Health Care Forms. In fact, our forms are even better since we use carbonless paper on the multipart forms rather than MESSY carbon paper.

Barcodes - Yes or No?

Medicare Claimed: During some seminars consultants have said Michigan needs barcoding otherwise claims will be rejected.

FACT: The decision has yet to be made at the time this article was written. Forms without barcodes will be accepted - you do not have to return the non-barcode forms to your supplier if you have already purchased them. If the decision to require barcodes is made, you can then purchase the barcode version when your current supply runs out. By purchasing your forms from Professional Health Care Forms, you are insured of getting the right form at the right price.

Even More Changes Due?

Medicare Claimed: They will be making changes to the New HCFA1500 Claim Form.

FACT: No one has the authority to make changes at the state level, including Medicare of Michigan. All changes must come from the federal level. There are no revisions being made to the form at this time.

Need Help Filling Out the New HCFA1500?

Professional Health Care Forms will provide an 8 page block by block instruction sheet - **FREE** with your purchase of forms. Others may obtain these instructions by sending a check for \$5.00 (shipping and handling) to Professional Health Care Forms, P.O. Box 49, Kalamazoo, MI 49005.

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AMA grateful to MSMS members who are helping to recruit new members

During the 1991 AMA Interim Meeting, the AMA House of Delegates, the Hospital Medical Staff Section and the Young Physicians Section Outreach Programs were launched. Again this year, delegates, alternate delegates, HMSS and YPS representatives have "shown great enthusiasm" by signing up as membership recruiters, reports the AMA.

Following are the names of MSMS members who are currently serving as AMA membership recruiters:

AMA House of Delegates Outreach Program: Busharat Ahmad, MD, Marquette;

Young Physician Section Outreach Program: Tama D. Abel, MD, Ann Arbor; and Glenn Carter, MD, Ann Arbor.

Hospital Medical Staff Section Outreach Program: Brooks F. Bock, MD, West Bloomfield;

U-M Cancer Center embarks on Ovarian Cancer Drug Study

Women who have failed to respond to conventional treatment for ovarian cancer are being given another chance at arresting the disease, thanks to a study at the University of Michigan Medical Center — and a drug derived from a rare tree.

The U-M Cancer Center is among 33 centers nationwide — and the only one in Michigan — to be given a supply of Taxol for use in the treatment of advanced ovarian disease in this National Cancer Institute-sponsored study.

"Taxol is a promising cancer drug that is in short supply," explains James A. Roberts, MD, director of the Gynecologic Oncology Program at

the Cancer Center. "It is available only from the bark of a slow-growing tree called a Pacific yew."

In previous clinical studies, Taxol has been shown to be effective in stopping or slowing the progression of ovarian cancer, without the nausea, vomiting, kidney disease and anemia associated with traditional, platinum-based therapy. The drug also is being considered for use against cancers of the lung, head and neck.

"Maybe Taxol can provide some hope or benefit for patients who have failed a number of other regimens," Doctor Roberts says.

"Ultimately we'd like to see how this can be used in conjunction with cisplatin, the conventional therapy, to allow for a much more effective treatment."

The study is open only to patients who have failed three other treatment attempts and who have no cardiac disease. The study will continue as long as the Taxol supply lasts — probably a year or less. However, researchers are working to synthesize the drug in the lab so that it will be more widely available.

Ovarian cancer kills 12,400 women each year and is diagnosed in 20,500 annually. Only about 30 percent of those diagnosed survive five or more years.

Because ovarian cancer displays no visible signs or symptoms, the majority of patients — 70 percent — are in the advanced stage of the disease when diagnosed.

Michigan celebrates its 10-year-old Child Restraint Law

In commemoration of the 10th anniversary of Michigan's Child Restraint Law, physicians are encouraged to remind the parents of young patients of the importance of child

safety seats and belts in protecting child from crash-related injuries and death. By taking the time to buckle children in safety seats and safety belts on every trip, parents can join the effort that saved the lives of 238 children throughout the nation in 1989 alone.

In 1990, 15 children aged four and under and 30 children aged five to 14 were killed in motor vehicle crashes in Michigan and an additional 10,416 children were injured. Approximately two-thirds of children age four and under ride in child safety seats. Yet many of those children are improperly restrained. Common errors include seats facing the wrong way and safety belts that are buckled improperly around the safety seat. As a result, motor vehicle crashes are a major cause of death and injuries for young people. In 1985 dollars, the lifetime cost of motor vehicle related injuries for these children estimated to be over \$4.1 billion.

In 1982, Michigan joined the wave of states enacting child restraint laws. By the end of 1985 all 50 states and the District of Columbia had enacted laws requiring children under specified ages to be restrained in child safety seats or safety belts. Michigan's law requires children under the age of one year to be properly buckled into an approved child car seat regardless of where they ride in the vehicle. Children between one and four must also be in an approved safety seat if they ride in the front seat. As back seat passengers, these children may use a child safety seat or a regular safety belt depending on their size. All children under age 16 are required to be buckled up regardless of where they are seated in the vehicle.

Continued on following page

Continued from page 15

State issues new communicable disease rules

The Michigan Department of Public Health announced recently that new communicable disease rules have been put into place. These rules are being implemented on a temporary basis until permanent rules are passed by the state legislature's Rules Committee. The new rules were needed to keep up with changes in U.S. Public Health Service recommendations regarding childhood immunization and with advances in communicable disease epidemiology. Michigan's last substantial update of the communicable disease rules was completed in 1965.

The new rules set age-appropriate standards for childhood immunization with *Haemophilus influenzae* type B vaccine and with a second

dose of measles, mumps and rubella vaccine. The state's criteria for acceptable immunization with diphtheria, tetanus, pertussis and polio vaccines are also spelled out. The regulations for childhood vaccination will be enforced at the time of the child's entry into school, day care, or camping programs, just as they are now.

Several new diseases were also added to the list of diseases that are required to be reported. These include: genital disease caused by *Chlamydia*, coccidioidomycosis, condyloma, acuminatum, cryptococcosis, cryptosporidiosis, ehrlichiosis, *Escherichia coli* 0157:H7 associated disease, hepatitis C, hepatitis delta, listeriosis, Lyme disease, invasive streptococcal disease, trachoma, and *Yersinia enteritis*. These diseases are to be reported to local health department authorities just as they have been in the past. Local health departments can respond most effectively when diseases are reported to the county health department in which the patient lives.

Questions about the communicable disease regulations or reporting of communicable diseases can be addressed to the Disease Control Division at the Michigan Department of Public Health (517-335-8050) or your local health department.

Michigan's Infant Mortality Rate Improves, MDPH reports

Michigan's estimated 1991 infant mortality rate is slightly lower than the 1990 rate, according to figures released recently by State Public Health Director Vernice Davis Anthony.

Based on provisional data for 1991, it is estimated that the state's infant mortality rate dropped to 10.4 per 1,000 births, as compared to the 1990 rate of 10.7. This represents a 2.9 percent decline from 1990 to

1991. The provisional 1991 United States rate is 8.9. The infant mortality rate is based on the number of babies who die in their first year of life per 1,000 live births.

The 1991 rate is based on an estimated 1,560 infant deaths and 150,000 live births in Michigan. The estimated number of live births is two percent fewer than in 1990. This reverses a trend of increasing numbers of births seen since 1988. The estimated 1,560 infant deaths in 1991 is 4.8 percent fewer than the 1,638 in 1990. The two statewide estimates for 1991 births and infant deaths are the only two figures available at this time, health officials said. Additional statistics will be available for release this summer.

"Michigan's lower infant mortality rate is good news," Anthony said. "However, our rate is still much higher than the national average. We must continue our effort to reduce those factors that contribute to this problem."

These factors include the increasing number of drug exposed infants; babies born with very low birthweight; the number of pregnant women who continue to smoke throughout their pregnancy; and a lack of access to prenatal care; as well as the increase in teen pregnancies in our state.

Michigan currently has many efforts under way to combat the infant mortality problem. The Governor's Drug Exposed Infant Task Force has been meeting since early 1992 to address this very preventable contributor to infant morbidity and mortality. It is estimated that 15,000 drug exposed infants will be born in Michigan this year. The task force is charged with making recommendations to guide the development of policy that is community based and builds on important social institutions that shape public attitudes and values. Recommendations from the task force are due this summer. ■

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ONCE-A-DAY ‡

ACCUPRILTM
quinapril HCl tablets 10, 20, 40 mg

* See DOSAGE AND ADMINISTRATION section of prescribing information.

† If, after an adequate trial of ACCUPRIL alone, based on your medical judgment as the prescribing physician, you determine that your patient requires the addition of a diuretic, Parke-Davis will refund to the patient his/her cost for the diuretic prescription less any amount reimbursed or paid for by an HMO, insurance company, or any other plan or program.

For more details, ask your Parke-Davis Representative or call 1-800-955-3077.

‡ In some patients, the antihypertensive effect may diminish toward the end of the once-daily dosing interval. In such patients, an increase in dosage or twice-daily administration may be warranted.

ACCUPRIL is available in 10, 20, and 40 mg tablets. Usual initial starting dosage is 10 mg once daily.

ACCUPRIL is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Please see brief summary of prescribing information on following page.

Accupril® (Quinapril Hydrochloride Tablets)

USE IN PREGNANCY

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, ACCUPRIL should be discontinued as soon as possible. See WARNINGS, Fetal/Neonatal Morbidity and Mortality.

Before prescribing, please see full prescribing information. A brief summary follows.

INDICATIONS AND USAGE

ACCUPRIL is indicated for the treatment of hypertension. It may be used alone or in combination with thiazide diuretics.

In using ACCUPRIL, consideration should be given to the fact that another angiotensin-converting enzyme (ACE) inhibitor, captopril, has caused agranulocytosis, particularly in patients with renal impairment or collagen vascular disease. Available data are insufficient to show that ACCUPRIL does not have a similar risk (see WARNINGS).

CONTRAINDICATIONS

ACCUPRIL is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

WARNINGS

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis, and larynx has been reported in patients treated with ACE inhibitors and has been seen in 0.1% of patients receiving ACCUPRIL. Angioedema associated with laryngeal edema can be fatal. If laryngeal stridor or angioedema of the face, tongue, or glottis occurs, treatment with ACCUPRIL should be discontinued immediately, the patient treated in accordance with accepted medical care, and carefully observed until the swelling disappears. In instances where swelling is confined to the face and lips, the condition generally resolves without treatment; antihistamines may be useful in relieving symptoms. **Where there is involvement of the tongue, glottis, or larynx likely to cause airway obstruction, emergency therapy including, but not limited to, subcutaneous epinephrine solution 1:1000 (0.3 to 0.5 mL) should be promptly administered (see ADVERSE REACTIONS).**

Hypotension: Symptomatic hypotension was rarely seen in uncomplicated hypertensive patients treated with ACCUPRIL, but, as with other ACE inhibitors, it is a possible consequence of therapy in salt/volume depleted patients, such as those previously treated with diuretics or dietary salt restriction or who are on dialysis (see PRECAUTIONS, DRUG INTERACTIONS, AND ADVERSE REACTIONS). In controlled studies, syncope was observed in 0.4% of patients (N = 3203); this incidence was similar to that observed for captopril (1%) and enalapril (0.8%).

In patients with concomitant congestive heart failure, with or without associated renal insufficiency, ACE inhibitor therapy may cause excessive hypotension, which may be associated with oliguria or azotemia and, rarely, with acute renal failure and death. In such patients, ACCUPRIL therapy should be started at the recommended dose under close medical supervision. These patients should be followed closely for the first 2 weeks of treatment and whenever the dosage of antihypertensive medication is increased (see DOSAGE AND ADMINISTRATION).

If symptomatic hypotension occurs, the patient should be placed in the supine position and, if necessary, normal saline may be administered intravenously. A transient hypotensive response is not a contraindication to further doses; however, lower doses of ACCUPRIL or reduced concomitant diuretic therapy should be considered.

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression rarely in patients with uncomplicated hypertension, but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease such as systemic lupus erythematosus or scleroderma. Agranulocytosis did occur during ACCUPRIL treatment in one patient with a history of neutropenia during previous captopril therapy. Available data from clinical trials of ACCUPRIL are insufficient to show that, in patients without prior reactions to other ACE inhibitors, ACCUPRIL does not cause agranulocytosis at similar rates. As with other ACE inhibitors, periodic monitoring of white blood cell counts in patients with collagen vascular disease and/or renal disease should be considered.

Fetal/Neonatal Morbidity and Mortality: ACE inhibitors can cause fetal and neonatal morbidity and death when administered to pregnant women. Several dozen cases have been reported in the world literature. When pregnancy is detected, ACE inhibitors should be discontinued as soon as possible.

The use of ACE inhibitors during the second and third trimesters of pregnancy has been associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. Oligohydramnios has also been reported, presumably resulting from decreased fetal renal function; oligohydramnios in this setting has been associated with fetal limb contractures, craniofacial deformation, and hypoplastic lung development. Prematurity, intrauterine growth retardation, and patent ductus arteriosus have also been reported, although it is not clear whether these occurrences were due to the ACE inhibitor exposure.

These adverse effects do not appear to have resulted from intrauterine ACE inhibitor exposure that has been limited to the first trimester. Mothers whose embryos and fetuses are exposed to ACE inhibitors only during the first trimester should be so informed. Nonetheless, when patients become pregnant, physicians should make every effort to discontinue the use of ACCUPRIL as soon as possible.

Rarely (probably less often than once in every thousand pregnancies), no alternative to ACE inhibitors will be found. In these rare cases, the mothers should be apprised of the potential hazards to their fetuses, and serial ultrasound examinations should be performed to assess the intraamniotic environment.

If oligohydramnios is observed, ACCUPRIL should be discontinued unless it is considered life-saving for the mother. Contraction stress testing (CST), a non-stress test (NST), or biophysical profiling (BPP) may be appropriate, depending upon the week of pregnancy. Patients and physicians should be aware, however, that oligohydramnios may not appear until after the fetus has sustained irreversible injury.

Infants with histories of *in utero* exposure to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion. Exchange transfusion or dialysis may be required as a means of reversing hypotension and/or substituting for disordered renal function. Removal of ACCUPRIL, which crosses the placenta, from the neonatal circulation is not significantly accelerated by these means. No teratogenic effects of ACCUPRIL were seen in studies of pregnant rats and rabbits. On a mg/kg basis, the doses used were up to 180 times (in rats) and one time (in rabbits) the maximum recommended human dose.

PRECAUTIONS

General

Impaired renal function: As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including ACCUPRIL, may be associated with oliguria and/or progressive azotemia and rarely acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine have been observed in some patients following ACE inhibitor therapy. These increases were almost always reversible upon discontinuation of the ACE inhibitor and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy.

Some hypertensive patients with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when ACCUPRIL has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction and/or discontinuation of any diuretic and/or ACCUPRIL may be required.

Evaluation of hypertensive patients should always include assessment of renal function (see DOSAGE AND ADMINISTRATION).

Hyperkalemia and potassium-sparing diuretics: In clinical trials, hyperkalemia (serum potassium ≥ 5.8 mmol/L) occurred in approximately 2% of patients receiving ACCUPRIL. In most cases, elevated serum potassium levels were isolated values which resolved despite continued therapy. Less than 0.1% of patients discontinued therapy due to hyperkalemia. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with ACCUPRIL (see PRECAUTIONS, Drug Interactions).

Cough: Cough has been reported with the use of ACE inhibitors. Characteristically, the cough is nonproductive, persistent, and resolves after discontinuation of therapy. ACE inhibitor-induced cough should be considered as part of the differential diagnosis of cough.

Surgery/anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension,

ACCUPRIL will block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Information for Patients

Pregnancy: Female patients of childbearing age should be told about the consequences of second- and third-trimester exposure to ACE inhibitors, and they should also be told that these consequences do not appear to have resulted from intrauterine ACE-inhibitor exposure that has been limited to the first trimester. These patients should be asked to report pregnancies to their physicians as soon as possible.

Angioedema: Angioedema, including laryngeal edema, can occur with treatment with ACE inhibitors, especially following the first dose. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to stop taking the drug until they have consulted with their physician (see WARNINGS).

Symptomatic hypotension: Patients should be cautioned that lightheadedness can occur, especially during the first few days of ACCUPRIL therapy, and that it should be reported to a physician. If actual syncope occurs, patients should be told to not take the drug until they have consulted with their physician (see WARNINGS).

All patients should be cautioned that inadequate fluid intake or excessive perspiration, diarrhea, or vomiting can lead to an

Accupril® (Quinapril Hydrochloride Tablets)

excessive fall in blood pressure because of reduction in fluid volume, with the same consequences of lightheadedness and possible syncope.

Patients planning to undergo any surgery and/or anesthesia should be told to inform their physician that they are taking an ACE inhibitor.

Hyperkalemia: Patients should be told not to use potassium supplements or salt substitutes containing potassium without consulting their physician (see PRECAUTIONS).

Neutropenia: Patients should be told to report promptly any indication of infection (eg, sore throat, fever) which could be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with ACCUPRIL is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions

Concomitant diuretic therapy: As with other ACE inhibitors, patients on diuretics, especially those on recently instituted diuretic therapy, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with ACCUPRIL. The possibility of hypotensive effects with ACCUPRIL may be minimized by either discontinuing the diuretic or cautiously increasing salt intake prior to initiation of treatment with ACCUPRIL. If it is not possible to discontinue the diuretic, the starting dose of quinapril should be reduced (see DOSAGE AND ADMINISTRATION).

Agents increasing serum potassium: Quinapril can attenuate potassium loss caused by thiazide diuretics and increase serum potassium when used alone. If concomitant therapy of ACCUPRIL with potassium-sparing diuretics (eg, spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes is indicated, they should be used with caution along with appropriate monitoring of serum potassium (see PRECAUTIONS).

Tetracycline and other drugs that interact with magnesium: Simultaneous administration of tetracycline with ACCUPRIL reduced the absorption of tetracycline by approximately 28% to 37%, possibly due to the high magnesium content in ACCUPRIL tablets. This interaction should be considered if coprescribing ACCUPRIL and tetracycline or other drugs that interact with magnesium.

Lithium: Increased serum lithium levels and symptoms of lithium toxicity have been reported in patients receiving concomitant lithium and ACE inhibitor therapy. These drugs should be co-administered with caution, and frequent monitoring of serum lithium levels is recommended. If a diuretic is also used, it may increase the risk of lithium toxicity.

Other agents: Drug interaction studies of ACCUPRIL with other agents showed:

- Multiple dose therapy with propranolol or cimetidine has no effect on the pharmacokinetics of single doses of ACCUPRIL.
- The anticoagulant effect of a single dose of warfarin (measured by prothrombin time) was not significantly changed by quinapril coadministration twice-daily.
- ACCUPRIL treatment did not affect the pharmacokinetics of digoxin.
- No pharmacokinetic interaction was observed when single doses of ACCUPRIL and hydrochlorothiazide were administered concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Quinapril hydrochloride was not carcinogenic in mice or rats when given in doses up to 75 or 100 mg/kg/day (50 to 60 times the maximum human daily dose, respectively, on a mg/kg basis and 3.8 to 10 times the maximum human daily dose when based on a mg/m² basis) for 104 weeks. Female rats given the highest dose level had an increased incidence of mesenteric lymph node hemangiomas and skin/subcutaneous lipomas. Neither quinapril nor quinaprilate were mutagenic in the Ames bacterial assay with or without metabolic activation. Quinapril was also negative in the following genetic toxicology studies: *in vitro* mammalian cell point mutation, sister chromatid exchange in cultured mammalian cells, micronucleus test with mice, *in vitro* chromosome aberration with Y79 cultured lung cells, and *in vivo* cytogenetic study with rat bone marrow. There were no adverse effects on fertility or reproduction in rats at doses up to 100 mg/kg/day (60 and 10 times the maximum daily human dose when based on mg/kg and mg/m², respectively).

Pregnancy

Pregnancy Categories C (first trimester) and D (second and third trimesters): See WARNINGS, Fetal/Neonatal Morbidity and Mortality

Nursing Mothers

It is not known if quinapril or its metabolites are secreted in human milk. Quinapril is secreted to a limited extent, however, in human milk; caution should be exercised when ACCUPRIL is given to a nursing mother.

Geriatric Use

Elderly patients exhibited increased area under the plasma concentration time curve (AUC) and peak levels for quinapril compared to values observed in younger patients; this appeared to relate to decreased renal function rather than to age itself. In controlled and uncontrolled studies of ACCUPRIL, where 918 (21%) patients were 65 years and older, no overall differences in effectiveness or safety were observed between older and younger patients. However, greater sensitivity of some older individual patients cannot be ruled out.

Pediatric Use

The safety and effectiveness of ACCUPRIL in children have not been established.

ADVERSE REACTIONS

ACCUPRIL has been evaluated for safety in 4960 subjects and patients. Of these, 3203 patients, including 655 elderly patients, participated in controlled clinical trials. ACCUPRIL has been evaluated for long-term safety in over 1400 patients treated for 1 year or more.

Adverse experiences were usually mild and transient.

Discontinuation of therapy because of adverse events was required in 4.7% of patients treated with ACCUPRIL in placebo-controlled hypertension trials.

Adverse experiences probably or possibly related to therapy or of unknown relationship to therapy occurring in 1% or more of the 1453 patients in placebo-controlled hypertension trials who were treated with ACCUPRIL are shown below.

Adverse Events in Placebo-Controlled Trials		
	ACCUPRIL (N = 1563) Incidence (Discontinuation)	Placebo (N = 579) Incidence (Discontinuation)
Headache	5.6 (0.7)	10.9 (0.7)
Dizziness	3.9 (0.8)	2.6 (0.2)
Fatigue	2.6 (0.3)	1.0
Coughing	2.0 (0.5)	0.0
Nausea/Vomiting	1.4 (0.3)	1.9 (0.2)
Abdominal Pain	1.0 (0.2)	0.7

See PRECAUTIONS, Cough.

Clinical adverse experiences probably or possibly related, or of uncertain relationship to therapy, occurring in 0.5% to 1.0% (except as noted) of the patients treated with ACCUPRIL (with or without concomitant diuretic) in controlled or uncontrolled trials (N = 4387) and less frequent, clinically significant events seen in clinical trials or post-marketing experience (the latter events are in italics) include (listed by body system):

General: back pain, malaise

Cardiovascular: palpitation, vasodilation, tachycardia, heart failure, hyperkalemia, myocardial infarction, cerebrovascular accident, hypertensive crisis, angina pectoris, orthostatic hypotension, cardiac rhythm disturbances

Gastrointestinal: dry mouth or throat, constipation, gastrointestinal hemorrhage, pancreatitis, abnormal liver function tests

Nervous/Psychiatric: somnolence, vertigo, syncope, nervousness, depression

Integumentary: increased sweating, pruritus, exfoliative dermatitis, photosensitivity reaction

Urogenital: acute renal failure

Other: amblyopia, pharyngitis, sinusitis, bronchitis, agranulocytosis, thrombocytopenia

Fetal/Neonatal Morbidity and Mortality

See WARNINGS, Fetal/Neonatal Morbidity and Mortality.

Angioedema: angioedema has been reported in patients receiving ACCUPRIL (0.1%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with ACCUPRIL should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Clinical Laboratory Test Findings

Hematology: (See WARNINGS)

Hyperkalemia: (See PRECAUTIONS)

Creatinine and blood urea nitrogen: Increases (71.25 times the upper limit of normal) in serum creatinine and blood urea nitrogen were observed in 2% and 2%, respectively, of patients treated with ACCUPRIL alone. Increases are more likely to occur in patients receiving concomitant diuretic therapy than in those on ACCUPRIL alone. These increases often remit on continued therapy.

*In some patients, the antihypertensive effect may diminish toward the end of the once-daily dosing interval. In such patients, an increase in dosage or twice-daily administration may be warranted.

PD-103-MI-7457-C1(052)



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PHYSICIANS IN THE NEWS



May



Sprague



Franke



Nagaraju



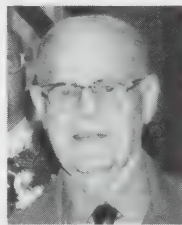
Woods



Coyne



Busard



Mudd

Eight physicians receive MSMS community service awards

Eight Michigan physicians are recipients of the 1992 Michigan State Medical Society Community Service Awards. They are:

Donald G. May, MD,

a Kalamazoo internist, who has journeyed to third world countries for the last 14 years, at his own expense, to provide medical care;

William E. Sprague, MD,

a Grand Rapids obstetrician/gynecologist, who has visited 28 Third World countries with the World Health Organization, Rotary International and Mercy International Health;

Armin T. Franke, MD,

a retired Port Huron internist, who helped establish and staffs the Mercy Hospital People's Clinic, which provides medical services to the poor;

Marigowda Nagaraju, MD,

a Flint gastroenterologist, who was responsible for the establishment of the Genesee County Free Medical Clinic for the poor;

Scott W. Woods, MD,

an Ypsilanti general surgeon, who has provided leadership to a number of community service organizations, including the Ypsilanti Area Chamber of Commerce, Ypsilanti Educational Foundation, and the YMCA;

J. Michael Coyne, MD,

a Marquette physical medicine and rehabilitation specialist, who founded the Marquette Community Foundation, a non-profit organization designed to raise funds for the community;

J. Max Busard, MD,

a retired Muskegon surgeon, who serves as medical director of the Muskegon County Hospice. (Doctor Busard also recently received the "Physician Excellence Award" from the Muskegon County Medical Society for his outstanding contributions to the medical profession and the community); and

Richard D. Mudd, MD,

a Saginaw occupational medicine specialist, who has been involved in a 50-year battle to clear his grandfather's reputation after he was accused of assisting John Wilkes Booth to escape after assassinating President Abraham Lincoln.

Continued on following page

PHYSICIANS IN THE NEWS

Continued from page 17

The Michigan Allergy Society

recently elected new officers. They are: Ling T. Shih, MD, Midland, president; Dennis Ownby, MD, Detroit, president-elect; Richard Townley, MD, Grand Rapids, secretary; and Edward Alpert, MD, Warren, treasurer.

The Berrien County Medical Society

recently elected new officers. They are: Linda Stanley, MD, president; James O'Dorisio, MD, president-elect; and Prudence Barrett, MD, secretary/treasurer.

Neelam B. Kumar, MD,

director of labs at Annapolis Hospital, is a newly-elected Fellow of the College of American Pathologists.

Alexander J. Walt, MB, ChB,

professor of surgery, Wayne State University/Harper Hospital, is the newly-elected president of the American Board of Medical Specialties. As president, Doctor Walt is planning a conference on "The Ecology of Graduate Medical Education," to be held in September 1992 followed by a conference in March 1993 on "Strategies for Reform."

The Michigan Chapter of the American College of Surgeons

recently presented the following awards to these physicians who participated in its annual Collier Competition: Frederick A. Collier Award: Graham W. Long, MD, William Beaumont Hospital, Royal Oak, Jon G. McLaughlin, MD, Butterworth Hos-

pital, Grand Rapids, and Kevin Rayls, MD, St. Joseph Mercy Hospital, Pontiac; Robert Danto Memorial Award (Cancer): Wendy L. Wahl, MD, University of Michigan; Michigan Committee on Trauma, American College of Surgeons: Steven L. Robinson, MD, Wayne State University; Transplantation Research Award: Prabhakar K. Baliga, MD, University of Michigan.

The Chapter also recently elected new officers. They are: Lazar J. Greenfield, MD, Ann Arbor, president; Anna M. Ledgerwood, MD, Detroit, president-elect; Krishna K. Sawhney, MD, Farmington Hills, secretary; and Lee R. Britton, MD, Alpena, treasurer. ■

MICHIGAN STATE MEDICAL SOCIETY



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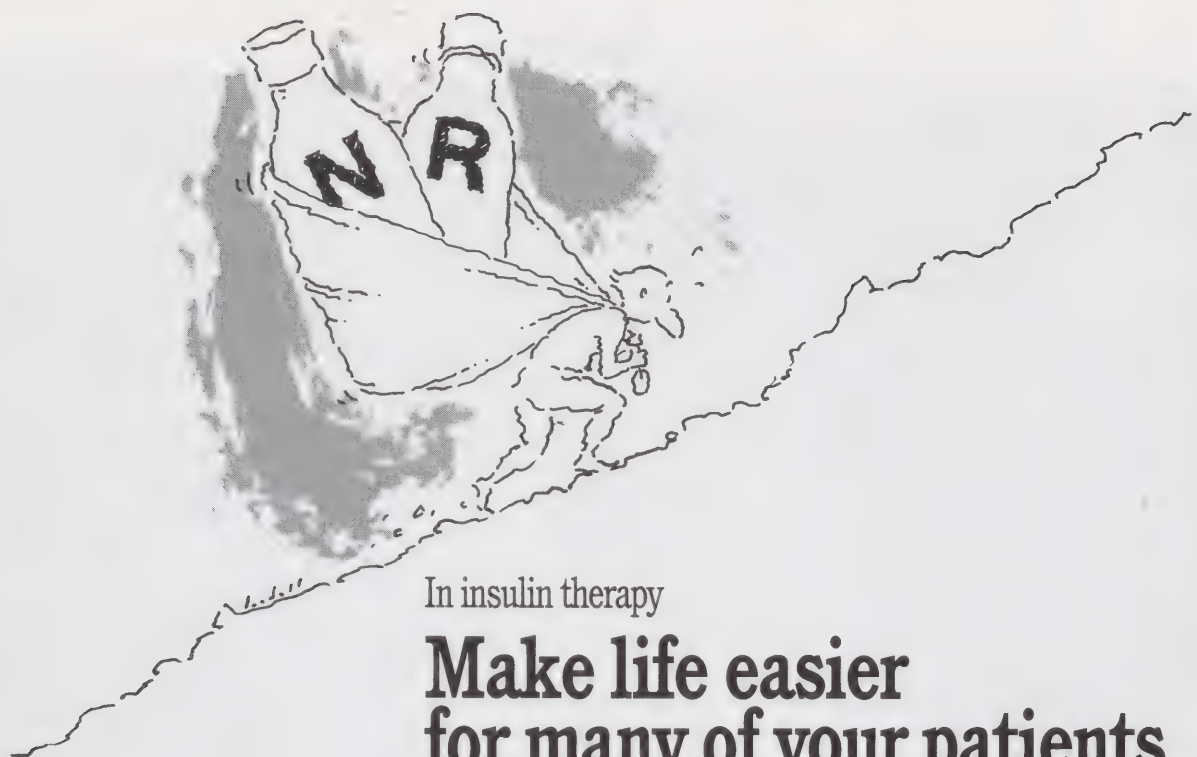
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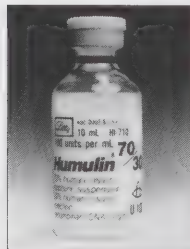


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Physician-Assisted Suicide

THERE ARE MANY
DIFFICULT QUESTIONS
WITH NO EASY ANSWERS

Is a physician primarily dedicated to the extension of life, or primarily dedicated to the relief of suffering? What does a physician of compassion and integrity do when extending life brings on increased and unrelievable suffering? Is it morally and ethically wrong for a physician to help a patient end his life? Should it be illegal?

There are no easy answers to these difficult questions, but they are questions Michigan physicians, patients and community leaders are now seriously examining in the aftermath of Jack Kervorkian, MD, and his so-called "death machine."

Just last month, the Michigan State Medical Society withdrew support for legislation that would make physician-assisted suicide a felony after a vote by the MSMS House of Delegates, May 1-3, in Dearborn. Delegates voted to continue to sponsor dialogue on the issue of physician-assisted suicide and this resolution reaffirmed ongoing discussions between MSMS and the community on this issue.

This month's cover story presents a detailed look at the issue of physician-assisted suicide. Included are: A progress report on the MSMS forums, an examination of the need for public dialogue, a look at the pros and cons, landmark cases, pending legislation and AMA policy.



MSMS forums on physician-assisted suicide allow for valuable dialogue on a complex issue

By Helen Fordham

Right to Life thinks the Michigan State Medical Society is doing something right. So does the Hemlock Society. It is not often that these two groups agree, but both concede the MSMS Forums on Physician-Assisted Suicide are valuable.

"I have been elated by the progress of the forums," says Janet Good, president of the Hemlock Society. Good has been encouraged by the open discussion between the Society and the community on this controversial topic and she has found it interesting to hear what others have to say.

Right to Life Legislative Director Edward Rivet has also found the forums useful. He hopes the discussions will help provide a sense of the basis for agreement and disagreement between the various interests. "This is clearly the best forum to sort out the complexities of the issue and provide insightful direction," he says.

When, how the forums began

The forums began in December 1991 following recommendations by the MSMS Bioethics Committee, which suggested that further exploration of physician-assisted suicide was necessary. To date, four forums have been held as part of an effort by MSMS to solicit input from the community on their views and opinions about assisted suicide.

The community was invited to participate in the forums because it is recognized that the issue of physician-assisted suicide affects both physicians and the general welfare of the public, says Howard Brody, MD, convener of the forums and chairman of the MSMS Bioethics Committee. The question of assisted suicide cannot be solved by physicians in isolation, particularly when the polls indicate that the public has strong feelings about access to assistance in dying. "The issue involves how the public perceives doctors, what the public wants from physicians and whether the public trusts physicians to do certain things," explains Doctor Brody.

"The forums have raised more questions than have been answered and clearly demonstrate the difficulty in reaching agreement on assisted suicide."

In seeking the broadest information, MSMS invited representatives from a variety of groups including Right to Life, Hemlock Society, Michigan Bar Association, Department of Public Health, Catholic Conference, Michigan Hospice, legislators and state government.

Many of the representatives see the forums as an ideal opportunity to contribute to public debate.

Executive Director of Hospice Sue Wierengo has found the discussions illuminating. Hearing other perspectives has helped reaffirm some of her views, particularly those related to legislation. "It has been helpful to hear that others are not ready for legislation on this issue," she says.

Carol Franck, executive director of the Michigan Nurses Association, also thinks the forum process has been very positive. "I believe, because the forums were called around an issue rather than specific legislation, it has been very helpful." The forum process has allowed us to discuss the issue without legislative pressure, she says.

The forums also have been important in clarifying issues. Discussions about assisted suicide have been distorted by media coverage, according to Rivet. "So much of the debate revolves around what we see in the media and that is the worst source of information." Public debate has confused different issues, he explains. "Physi-

Open dialogue with the public essential

By Howard Brody, MD

cian-assisted suicide is not the same as right to death." Rivet hopes the forums will help refocus public debate on the real issues.

Identifying "the real issues" not an easy task

Discovering what the real issues are, however, has not been easy and discussion has ranged from defining terminology to assessing the accuracy of the public opinion polls.

Participants have endeavored to explore not just the implications of assisted suicide for the medical community, but also the consequences for the legal profession and society as a whole.

There has been recognition of the particular dilemma physician-assisted suicide presents for physicians, and the need to reconcile the medical profession's integrity with society's demands. There also has been an examination of the role of legislation and the appropriateness of trying to legislate what is commonly deemed a moral and ethical issue.

In acknowledging the ethical aspects of the debate and the profound implications of assisted suicide for society, participants have addressed philosophical and human rights issues. Discussions have included an exploration of the boundary between state and individual rights and who has the right to judge a person's quality of life.

The forums have raised more questions than have been answered and clearly demonstrate the difficulty in reaching agreement on assisted suicide.

Agreement not the goal of forums

Agreement, however, was not the goal of the forums. Initially the forums were to be information sharing sessions. Yet, after months of discussion, consensus on some aspects of the debate appears likely.

"I think consensus is quite possible," says Wierengo. "We are probably close to agreement that legislation is not appropriate."

Franck agrees the forum is coming to consensus. "I never felt we could come to work on as much as we have," she says.

Right to Life is also optimistic about the outcome of the forums, which Rivet hopes will produce some tangible conclusions. "If the public can see that a group as diverse as those represented at the forum can narrow the issue down to a few points," he says, "then we can stay focused on these points." ■

Helen Fordham is chief of community relations for MSMS and staffs the MSMS Committee on Bioethics.

To most Michigan physicians, Jack Kevorkian, MD, seems an unlikely leader for any sort of popular movement, however sound his ideas might be. Indeed, Doctor Kevorkian has for some time been virtually unemployable within medicine, as a result of espousing causes which are unacceptable to the medical mainstream. And yet, after assisting in three highly-publicized deaths under circumstances that most physicians find questionable and troubling, Doctor Kevorkian consistently emerges with majority support in a variety of public-opinion polls, and letters to the media commonly extol him as a hero. Is there a message here that we ordinary physicians are not hearing?

When physicians discuss the subjects of assisted suicide or mercy killing, they commonly object that patients will no longer trust us as would-be healers if they knew that we could just as easily act to end their lives. How can we square this perception with the public reaction to Doctor Kevorkian and his suicide machine? Isn't it just a bit arrogant of us to declare that the public will or won't trust us if we do this or that, without asking the public? What do we make of objections from those who demand more control over the dying process, who claim that patients don't trust physicians *now* because physicians will not come to their aid when they are suffering?

The MSMS Committee on Bioethics has not concluded, from these sorts of questions, that we can agree on a final answer to the complex moral problem of physician-assisted suicide. What we have concluded is that we cannot responsibly approach an answer so long as physicians talk about it only with other physicians. Instead, some process of open dialogue with a group broadly representative of public concerns will be essential.

Our support for the process of public dialogue could easily be misunderstood. We are not claiming that a majority vote or a popular poll will resolve ethical issues in the practice of medicine. We do not, for example, claim that it would have

Continued on following page



Continued from page 23

been ethical for Washington state physicians to kill their patients in October, 1991, when polls showed the "Aid-in-Dying" Initiative 119 leading by 60 percent; and that it then would have suddenly become unethical to kill patients after the November election when the Initiative was unexpectedly defeated, 54 to 46 percent. In the end, we might conclude that the vast majority of the public wants physicians to do something; that the public has sound, understandable reasons for wanting this; and that we physicians must still refuse to do it, because doing so would violate some *internal* professional standard of moral integrity.

Physicians must listen to public concerns

Still, before we come to a conclusion based on the integrity of the medical profession, we must at least hear out the public. We must find out what our patients expect us to do, and what leads our patients to trust us or not to trust us. Finally, if our patients are asking for something as extreme as assisted death, is assisted death really what they want? Or is their demand for assisted death a reaction to some deeper dissatisfaction with modern medical practice, which really requires a reform of some aspects of that practice more than it does assisted suicide?

While the public-forum process is still proceeding, it seems safe to anticipate one likely conclusion — which tends to reinforce to a surprising degree the Committee's initial statement on assisted suicide from the fall of 1990. We said then that we did not anticipate any speedy consensus on this difficult issue, either within the profession or among the public at large. We did, however, identify three non-controversial practices which could greatly reduce the numbers of patients who would potentially become seekers of assisted suicide:

1. Physicians must either know how to use the best available palliative-care techniques to relieve pain and other terminal symptoms, or must promptly refer their terminally ill patients to someone else who does. They must assure all of their patients that if they are dying, their symptoms of distress will be promptly and adequately attended to.

2. Physicians must assure all their patients that they have the right, so long as they are competent, to refuse any and all life-prolonging medical procedures, and that their physicians promise to honor those choices once they are assured that the choice is thoughtful and fully informed.

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OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. *Semin. Oncol.* 1975; 2: 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. *Ann. Intern. Med.* 1980 588-96.

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Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries. **Acute Abdominal Conditions:** The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions. **PRECAUTIONS: Special Risk Patients:** VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. **Cough Reflex:** Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease. **Drug Interactions:** Patients receiving other narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus. **Use in Pregnancy: Teratogenic Effects:** Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nonteratogenic effects:** Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. **Labor and Delivery:** Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used. **Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** Safety and effectiveness in children have not been established. **ADVERSE REACTIONS:** The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include: **Central Nervous System:** Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes. **Gastrointestinal System:** The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation. **Genitourinary System:** Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported. **Respiratory Depression:** Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated. **DRUG ABUSE AND DEPENDENCE:** VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). 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Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion. **Hydrocodone Signs and Symptoms:** Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdose, apnea, circulatory collapse, cardiac arrest and death may occur.

Revised March 1992

5890

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3. Physicians must remind all their patients that through an advance directive such as Michigan's durable power of attorney for health care, they will retain the right to control the medical decisions made for them even after they become incompetent. The physicians must stand ready to counsel and assist patients effectively in completing advance directives and communicating these wishes to other family members.

“Is the physician
primarily dedicated to the
extension of life?
Or *primarily* dedicated
to the relief of suffering?...
Whatever we think of
Doctor Kevorkian, he has
forced Michigan to take
those questions seriously,
and to do it today
rather than tomorrow.”

If all three of these things are done regularly by all physicians, there will still be patients who request assistance in dying. For example, Janet Adkins, whom Dr. Kevorkian helped to die in June, 1990, was having no symptoms that could be relieved by medical means, was fully competent, and was not receiving any life-prolonging medical treatment. She wished to die early in the course of her Alzheimer's disease, before she became incompetent and before her symptoms progressed. Neither an advance directive nor the promise of hospice care would have deterred her choice. But we have every reason to hope that Janet Adkins is the exception rather than the rule.

So far, the tone of the public forum sessions that MSMS has sponsored has confirmed our view that the three practices listed above are non-controversial. (Certainly no Michigan physician has ever been sued for doing any of them.) Both strong advocates and strong opponents of physician-assisted suicide agree that those three

things are good for physicians to do. But the general attitude within the public forum has been that right now, the Michigan public has no real faith that their physicians will do those things.

Patients lack faith in medical practice

One sad anecdote after another explains why our patients lack faith in medical practice in Michigan today — physicians who ignore patient's and family's wishes and continue life-prolongation until the last gasp; physicians who proudly announce to other hospital staff that they “don't believe” in DNR orders; physicians who refuse to refer their patients to a hospice program; physicians who think that giving enough morphine to control cancer pain will turn patients into addicts; physicians who assure patients that they will receive humane and compassionate care if they become terminal, but then refuse to admit that any of their patients are terminal until they are dead.

These anecdotes should be both good news and bad news for organized medicine. They are bad news because the MSMS and our Committee have been trying to spread the word, for at least a decade, that the right to refuse treatment and compassionate terminal care ought to be the accepted norm; and the reactions from the public forum show how much work we still have to do. But they are good news for those who think (as does the AMA and the MSMS Board of Directors) that ultimately physicians ought not assist patients' suicides or engage in active euthanasia. For they show that we can go a very long way toward giving our patients the care that they want and deserve, and which right now they have no confidence that they will get, without crossing that line to become dispensers of death.

Debate must continue

Meanwhile, the debate on physician-assisted suicide must continue, because the issues are complex and troubling. Is the physician *primarily* dedicated to extension of life? Or *primarily* dedicated to the relief of suffering? What does the physician of compassion and integrity do when extending life brings on increased and unrelievable suffering? Whatever we think of Dr. Kevorkian, he has forced Michigan to take those questions seriously, and to do it today rather than tomorrow. ■

Doctor Brody is chairman of the MSMS Bioethics Committee.

Assisted Death Respects Self-Determination

By Tom Tomlinson, PhD

A woman with metastatic breast cancer is offered additional radiation treatment which might prolong her life by another month or two. She refuses.

A man with amyotrophic lateral sclerosis, respirator dependent, requests that the respirator be removed while he is still lucid enough to say his goodbyes to his family.

In each of these cases, there would be no serious legal or ethical argument made against respecting the patient's wish, even though doing so will shorten the patient's life.

Competent adult patients have an almost absolute legal right to refuse any treatment whatsoever; and common norms of compassion sympathize with the decision by the seriously ill patient no longer to prolong a life that for them has become unbearable or inhuman. But even if the patient requests it, and even if the physician's same compassionate impulses support it, there is no legally protected right to have the physician administer a lethal injection, or to supply an overdose of barbituates, even at the patient's request.

Why do we respect the refusals of treatment?

Do we respect refusals of treatment because we want to help the patient avoid pointless suffering? Then assisted dying might spare the first patient the considerable suffering of a slow and prolonged dying process (even with medication to control pain, only one kind of suffering).

Do we respect refusals of treatment because we want to honor the individual's own conceptions of the dignified life and death? Then assisted dying might permit the second patient to act on his own vision of how he wants to go, which might not include the agonal spasms that often accompany death from asphyxiation.

These are the positive reasons favoring physician-assisted dying. Ultimately, however, the case will depend on how well the arguments made against assisted dying can be turned aside.

■ *Doctors are traditionally healers, not killers; the Hippocratic Oath forbids assisting suicide.*

Obviously, our assessment of the moral issue here must go beyond any simple appeals to medical traditions. What any oaths say, and what physicians

should, in fact, have found acceptable, are two different things; and in any event, traditions don't bind current practice very strongly: the Hippocratic oath forbids surgery, too!

■ *According to the AMA Judicial Council, "The physician should not intentionally cause death," and so "mercy killing" is forbidden.*

Intentions don't draw a very reliable line between forbidden "mercy killings," and accepted refusals of life-prolonging treatment. Almost all cases of refusal are going to include a mixture of two motives: to avoid the extra burdens of the treatment; and to avoid the continuing burdens of the life that treatment extends. Where the patient is refusing treatment because of the burdens of the life that remains to them, part of their intention is to end their life. Any physician who finds such refusals morally acceptable also accepts the patient's intention to end his life.

More fundamentally, we need to ask whether it is indeed true that it is always wrong intentionally to cause an innocent person's death. After all, the physician's intentions in honoring a voluntary request for assisted dying are nothing at all like those in the typical murder. The murderer forcibly takes his victim's life, in the ultimate violation of that person's self-determination. When done with fully informed and voluntary consent, assisted death respects self-determination.

■ *The potential for bad judgement or abuse in assisted dying is very high. We'd run the risk of skidding down a slippery slope into Nazi-life euthanasia of the sick and disabled.*

There is a great potential for abuse and bad judgment in permitting physicians to accept refusals or treatment by patients or their families, too, but we don't think that's a sufficient reason not to honor refusals of treatment. Even if assisted dying has some special potential for abuse, that doesn't support any blanket prohibition if regulation and restriction can limit its likelihood. Strong informed consent requirements and restriction to clearly diagnosed cases of terminal illness are two obvious safeguards.

The Nazi analogies so frequently used are historically misinformed. As Robert Jay Lifton documents in his book, *The Nazi Doctors*, the so-called "euthanasia" program of the Nazis was motivated from the start by the eugenic objective of "purifying the race," and never by concern for the welfare or rights of any individual. If we're not already Nazis, voluntary assisted death will not make us ones. ■

Tom Tomlinson is associate professor, Center for Ethics and Humanities in the Life Sciences, Michigan State University.

Assisted Suicide Contrary to Physician's Role as Healer

By Richard J. McMurray, MD

It is my feeling that a maverick in the profession has created a problem which now may lead to unnecessary legislation which, in turn, will further inhibit the physician's ability to care for his or her patient in a reasonable, compassionate manner.

Over the last 50 years, people have become increasingly concerned that the dying process is often needlessly prolonged by medical technology and thus marked by incapacitation, intolerable pain and loss of dignity. During this time there has been a dramatic shift in the places where people die. In 1987, 75 percent of all deaths occurred in hospitals or long-term facilities. The transition from the privacy of the home to public institutions has increased public awareness and concern about medical decisions near the end of life.

It is my opinion that health care professionals have an ethical duty to provide optimal palliative care to dying patients. Inappropriate concerns about addiction too often inhibit physicians from providing adequate analgesia to dying patients.

The level of analgesia necessary to relieve the patients pain, however, may also have the effect of shortening the patients life. The AMA CEJA stated in its 1988 report on euthanasia that "the administration of a drug necessary to ease the pain of a patient who is terminally ill and suffering excruciating pain may be appropriate medical treatment even though the effect of the drug may shorten life."

Euthanasia not a reasonable choice

The ethical distinction between providing palliative care that may have fatal side effects and providing euthanasia is very subtle because in both cases the action that causes death is performed with the purpose of relieving suffering. The intent of the former is to relieve suffering despite the fatal side effects, while the intent of the latter is to cause death as a means by which relief of suffering is achieved. Most medical treatments entail some undesirable side effects. In general, the patient has a right to decide either to risk the side effects or to forego the treatment. It does not follow from this reasoning that a patient also has a right to choose euthanasia as a medical treatment for their suffering.

Physicians are dedicated to sustaining life and preserving the health and comfort of patients. The commitment of physicians is to offer medical knowl-

edge and expertise to patients for purposes of healing and the relief of pain and suffering. However, the use of medical knowledge primarily designed to bring on death is contrary to the physician's role as a healer. In particular, assisted suicide seriously undermines the trust of the public that physicians are whole-heartedly devoted to caring for the health of their patients.

It is important to recognize the ethical distinction between the physician who assists a patient with suicide and the physician who, with informed consent, withdraws or withholds life-sustaining treatment from a patient. In this case, the physician offers his or her medical expertise for the purpose of sustaining or preserving life, but the offer is refused by the patient. Patients have the right to refuse recommended medical treatment, even when such a refusal may result in death. In the case of assisted suicide, the physician is offering medical knowledge or expertise for the purpose of causing death, which falls outside the role of the physician as healer.

Much more education needed

There needs to be much education in the area of assisted suicide, euthanasia, and withholding or withdrawing life sustaining treatment. This education needs to be provided for physicians and all members of the health care team, the general public as a whole and for individual patients.

We don't need legislation to encumber the physician, patient relationship. We need caring, compassionate physicians who understand the ethical principles involved. Understanding the ethics is very simple; putting aside all the fancy terminology, the ethics is simply doing what is right for the patient. ■

Doctor McMurray is a member of the MSMS Bioethics Committee and is immediate past chairman of the AMA Council on Ethical and Judicial Affairs.

Assisted Suicide

A look at the issues

By Frances L. Faverman

Editor's note: Following are excerpts of an article which appeared in April 3, 1992, issue of Public Policy Advisor, a publication of Public Sector Consultants, Inc., Lansing.

Background

Assisted suicide became a widely debated topic in Michigan when a physician assisted the suicide of Janet Adkins in June 1990. The participation of Jack Kevorkian, MD, a pathologist from Royal Oak, and his subsequent arrest on murder charges brought the issue to the forefront of public consciousness and galvanized opinion.

Several pieces of legislation dealing with assisted suicide and related issues currently are pending in Michigan. Senate Bills 31-32, introduced by Frederick Dillingham (R-Fowlerville) and others, would deem assisted suicide a felony punishable by a maximum prison term of four years and fine of \$2,000, or both, and hold as attempted murder any act that intentionally or knowingly causes through force or duress a person attempt or to commit suicide. The bills also specify that the following are *not* assistance to suicide unless done with the intention of causing death: (1) withdrawing or withholding medical treatment in response to the request of a competent adult or the adult's designee and (2) administering medications or performing procedures that may cause or increase the patient's risk of death. SBs 31-32, which are identical to HBs 4039 and 4038 introduced by Nick Ciaramitaro (D-Roseville), have passed the Senate and are in the House Committee on Judiciary. The House bills also are in this committee.

Another bill, HB 5415, introduced by Representative Ted Wallace (D-Detroit), would allow a patient to request *aid in dying*. This legislation, currently in the House Committee on Judiciary, prescribes the circumstances under which a patient could request such aid,

specifies several conditions that must be met before the aid may be granted, requires the procedure to be videotaped, and requires that on the November 1992 general election ballot there be a proposal to adopt a Death with Dignity Act.

Still another approach is reflected in identical bills - HB 4501 introduced by Representative Thomas G. Power (R-Traverse City) and others, and SB 149, introduced by Senator David Honigman (R-West Bloomfield) and others. An eighteen-member commission on death and dying would be created and have two years to study the issue and forward recommendations to the legislature. Both bills, introduced in 1991, are in committee in their respective houses (HB 4501 in the Committee on Judiciary and SB 149 in the Committee on Family Law, Criminal Law, and Corrections).

Finally, a special House Subcommittee on Death and Dying, appointed in 1991 by the chairman of the House Committee on Judiciary and chaired by Representative H. Lynn Jondahl (D-Okemos), is holding public hearings and is scheduled to report in late spring.

Viewpoints

Historically, attitudes toward suicide in Western culture have ranged from the view expressed by Seneca (4 BC?-65), the Roman Stoic, philosopher, and tutor to Nero, who said, "As I choose the ship in which I sail, and the house I will inhabit, so I will choose the death by which I will leave life," to that expressed by William Blackstone, the great English jurist, when he explained that the reason a suicide's body was dishonored by being buried in an unmarked grave at a crossroads at midnight and the person's lands and goods were forfeited to the king was because by committing suicide the person had deprived the king of a subject. Exceptions to this principle of English common law were "weariness of life or impatience of pain"; then only the

person's goods were forfeit. Seneca's statement may be said to represent fairly the view that one's life belongs inalienably to one's self, and it is entirely within the legitimate exercise of individual autonomy to accept the responsibility for ending it. Blackstone's famous *Commentaries* express the view that the individual's life is of paramount importance and that the state is justified in deterring the act of suicide through penalties designed to strike terror into the hearts of individuals; in short, he believed that suicide is as much an act of harm toward the state as is treason.

Today, in the United States attempting or committing suicide is not a crime in any state. But the picture is very different regarding assisting someone else's suicide; some people say that the current debate about assisted suicide reflects the social and ethical confusion surrounding the entire discussion of the end of life. With the exception of the states of Washington (where voters defeated a referendum on the question of permitting physician-assisted suicide by 56 to 44 percent) and California (where a petition drive to put approval of death with dignity legislation on the ballot in 1990 failed to gather enough signatures) there probably is no state where the debate is more intense than in Michigan.

Polls reveal public support for physician-assisted suicide

Polls in February 1992 by the *Detroit Free Press* show that a majority (58 percent) of those queried favor permitting physician-assisted suicide and have no problems with the actions of Doctor Kevorkian, who assisted two women in their suicides in October. Support for assisted suicide is strongest among the elderly and persons with a terminal illness.

Many of the arguments in support of or opposition to assisted suicide are the same as those for and

against legalized euthanasia. Supporters maintain that patients whose conditions cause them unbearable suffering should have the option of ending their distress, and the right of a patient to control medical treatment includes the right to request and receive help in ending one's life.

Opponents argue that unbearable pain and suffering are more a function of medical mismanagement of pain than of the disease process; they particularly target unwarranted physician concern that patients will become addicted to pain-killing drugs and the failure of some physicians to take advantage of the most modern techniques available to control pain. Opponents also maintain that the issue of the patient's right to control treatment does not include the right to demand that one's physician actively participate in ending one's life.

Social issues need to be addressed

Furthermore, opponents insist that there are significant social issues to be considered. For example, they fear that poor, minority, or unsophisticated patients could be encouraged to request assisted suicide in the name of cost benefits and on the ground that their lives have minimal social value. Opponents also point out that persons with an interest in another's death could unduly pressure the patient (or encourage the patient's caretakers to exert pressure) to consider suicide as the only option or perhaps as the patient's "duty" so as to spare the family additional anguish and financial strain. Moreover, opponents maintain that permitting physicians to assist suicide also could cause patients to fear that their physician might not do his or her best for the patient. Finally, opponents argue that requiring a physician to accede to a patient's demand for aid in dying goes against 2500 years of medi-

cal history and practice, particularly the Hippocratic oath.

The enormous popularity of the book, *Final Exit*, by Derek Humphrey, founder of the Hemlock Society, suggests that people want to be able to control the ending of their lives. Nevertheless, the society, while endorsing suicide as a legitimate choice for individuals in certain situations, does not support the activi-

Continued on following page

Landmark Cases in Physician-Assisted Suicide

David Rivlin

- In 1971, when Rivlin was 19 years-old, he was paralyzed in a surfing accident.
- He became ventilator dependent.
- He was non-terminal.
- He was judged mentally competent and his right to refuse life sustaining medical treatment was recognized by the courts.
- On July 20, 1989 he was given a sedative by a physician and removed from his ventilator.

Timothy Quill, MD and his patient Diane

- Quill had been her physician for eight years.
- She was dying of acute leukemia.
- She refused chemotherapy, wanting to avoid the terrible effects of radiation treatment.
- She was rational, according to Doctor Quill and her family.
- She asked Doctor Quill to supply her with barbiturates to commit suicide.
- No legal action taken against Doctor Quill

Jack Kevorkian, MD

- 1990 assisted Alzheimers patient Janet Adkins to commit suicide.
- 1991 assisted Sherry Miller, 43, and Marjorie Wantz, 58, to commit suicide.
- All three patients were not terminal.
- Doctor Kevorkian indicted for the deaths of Miller and Wantz, February 28, 1992.

Continued from page 29

ties of Doctor Kevorkian, the most outspoken proponent of physician involvement in assisted suicide in Michigan.

Who should have the choice, if at all?

A further complication in the debate about assisted suicide in Michigan is the question of to whom such an option should be made available. House Bill 5415 would restrict aid in dying to mentally competent persons aged 18 or older. House Bill 4391 would give *living wills* stature in law, allowing a person to direct whether life-support procedures should be withheld, withdrawn, or continued in the event of terminal illness or a persistent vegetative state. Current law allows a patient to appoint another person to make decisions about the patient's medical treatment (the authority is

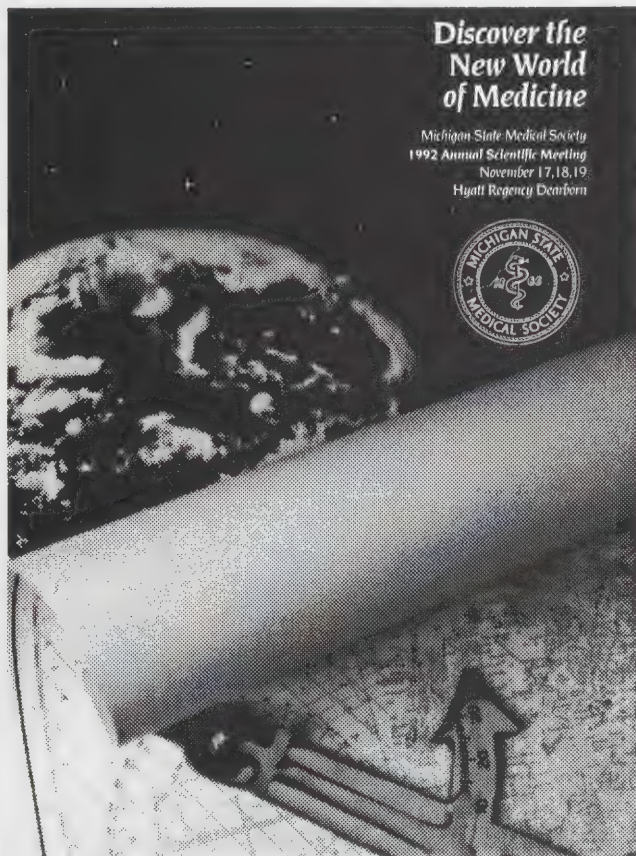
vested in the *durable power of attorney for health care*) when or if the patient becomes incapable of making such decisions. A new question then arises: Should the surrogate be able to make a decision for assisted suicide for someone or should this option be available only to persons able to make their own decisions?

Who decides when death should be an option?

A third question deals with the nature of a person's illness. Medical ethicists are divided in their opinion about the Want and Miller cases in Michigan. In one the patient chose physician-assisted suicide because of intractable pain, but in the opinion of her physicians, she did not have a terminal illness; in fact, a medical examiner opined that she did not even have intractable pain. In the second a woman confined to a

wheelchair by multiple sclerosis and experiencing other motor difficulties opted for physician-assisted suicide. (While multiple sclerosis generally is described as a disorder that ends in death after a period of progressively and increasingly severe disability, many medical ethicists and physicians feel this woman's situation had not yet reached the point where suicide was a reasonable choice.) Who should decide when someone's pain or quality of life has become unbearable? Physicians? Patients? Courts? Ethicists? Politicians? Clergy?

Religious organizations differ in their view of assisted suicide. The Michigan Catholic Conference is on record as opposing it. A consortium of Jewish and Christian theological scholars recently declared that if the right to request assistance in ending one's life is grounded in respect for



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Howard Brody, M.D.

**Director, Center for Ethics and Humanities,
Michigan State University, and Chairman,
MSMS Committee on Bioethics**

the autonomy of the individual, then there is no basis for limiting its exercise to those certified as terminally ill and mentally competent, for to deny anyone the right to exercise autonomy is illogical. It also is their view that the state, except when exercising power to protect its citizens and to punish evildoers, cannot assume ultimate power over human life, for to do so would be to fail to respect the right to life from which human beings cannot be separated.

The Michigan Hospice Organization does not view assisted suicide as a part of hospice care. (Hospice care is devoted to enabling the patient to die in comfort and dignity; hospice assists terminally ill patients with pain control and provides them and their families with support services. The association is aware, however, of the potential for conflict between provisions of the assisted suicide bills and current law allowing patients to decline or discontinue medical treatment. Right to Life of Michigan and the National Council for the Rights of the Disabled oppose assisted suicide. In a statement adopted by its board of director in September 1990, the Michigan State Medical Society went on record as opposing euthanasia while indicating that "assisted suicide represents a moral gray zone." The society urged physicians to become more aware of patient concerns and to address the issue of humane and compassionate care for the dying.

Would legislation go too far?

Proponents of assisted suicide fear that legislation such as SBs 31-32 would go too far in the direction of limiting individual rights; the bills appear to be so broadly written that acts that many would see as compassionate could become grounds for being charged with a felony should a rigorous prosecutor hap-

pen to become aware of the situation. For example, a husband who leaves a bottle of pain pills within reach of his terminally ill wife of many years and who then leaves the room for a few minutes could be charged with a felony for aiding her in attempting to commit suicide if she were to take several pills; to avoid a charge of attempted murder under the provisions of SBs 31-32, he would have to provide clear and convincing evidence of knowledge of his wife's intent to commit suicide.

Proponents of the legislation to create a commission on death and dying feel that more time is needed to study the issue and to resolve conflicts between legislation to regulate assisted suicide and existing law governing the right to die.

It is clear that the question of assisted suicide - when placed in the context of the rights of individuals, the duty of the state to protect its citizens, the beliefs of individuals and groups about the sanctity of human life, the principles held by health care providers about their duty to care for their patients, and the opinions of individuals about how they want their lives to end - is extremely complex. It will not be easily resolved, and it will not go away. ■

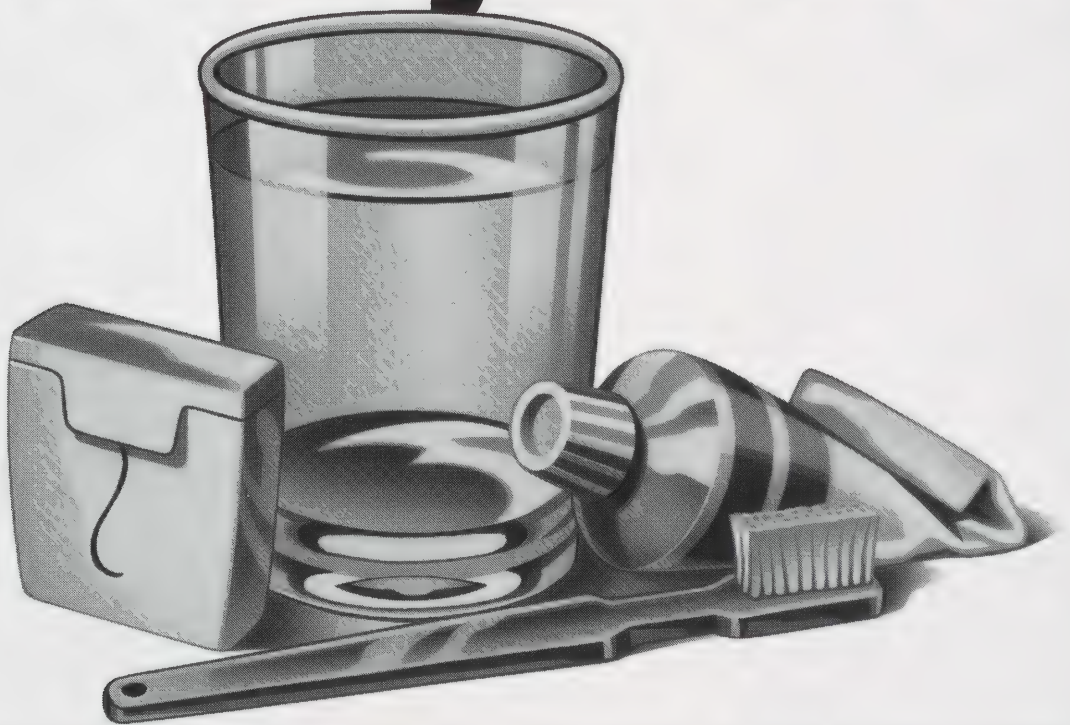
Frances L. Faverman is senior consultant for health policy, Public Sector Consultants. She is editor of the Health Policy Bulletin, a researcher/writer for the Health Legislation Analysis Service, and follows state and federal developments on health policy issues.

AMA Statement on Physician-Assisted Suicide

(Adopted June 1991)

1. The principle of patient autonomy requires that physicians must respect the decision to forego life-sustaining treatment of a patient who possesses decision-making capacity. Life-sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics and artificial nutrition and hydration.
2. There is no ethical distinction between withdrawing and withholding life-sustaining treatment.
3. Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.
4. Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great in this culture to condone euthanasia or physician-assisted suicide at this time.

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Delta Dental Program Open To MSMS Members During June

By Valerie Barker

June has been declared "Delta" dental month by the Michigan State Medical Society Group Insurance Trust. MSMS members are encouraged to join this dental program.

The MSMS Group Insurance Trust, chaired by B. David Wilson, MD, has announced "no increase in premiums" for the coming year—the third successive year with no increase. Delta premiums are guaranteed to existing and new subscribers until June 30, 1993.

Introduced in 1988, the MSMS-sponsored dental program was the first-of-a-kind association sponsored program offered by Delta. Since 1988, several hundred MSMS member physicians have enrolled themselves, their families and their employees in the MSMS Delta plan.

The Delta plan is a "free-standing benefit." Physicians and their employees do not have to participate in any other MSMS endorsed insurance program to enroll in Delta. Access to quality benefit plans can be a real bonus, helping physicians recruit and retain quality employees. The plan, administered through the MSMS Group Insurance Trust, is billed in easy quarterly installments.

Delta's plan is designed to promote good dental care by covering 100 percent of all preventative procedures. Other procedures are covered using 50/50 cost-sharing reimbursement and include orthodontic, endodontic and periodontic services. *See the Delta Benefit Features Chart (right) for additional covered services.*

To learn more about the MSMS Delta plan, call the MSMS Group Insurance Trust at 1-800-748-0195. ■

Valerie Barker is chief of insurance marketing, MSMS Group Insurance Trust.

Dental Benefit Features

The following chart indicates the services covered by Delta Dental Plan of Michigan through the MSMS-sponsored dental benefits program. It also shows the percentage of coverage of the contracting dentist's usual/customary fee for each category and your copayment, if any:

	Delta Pays	You Pay
Diagnostic Includes oral examinations and emergency palliative treatment.	100%	0
Preventative Includes prophylaxes and topical applications of fluoride solutions.	100%	0
Radiographs As required, and in conjunction with the diagnosis of a specific condition requiring treatment.	100%	0
Oral Surgery Includes extractions and other oral surgery procedures usually employed by a dentist, including pre- and post-operative care.	50%	50%
Restorative Includes amalgams (silver fillings), synthetic porcelain, plastic restorations, relines and repairs to prosthetic appliances. Gold restorations, crowns and jackets may be used, but only when the teeth can't be restored with another filling material.	50%	50%
Periodontics Procedures usually employed by a dentist for the treatment of diseases of the gums and supporting structures of the teeth.	50%	50%
Endodontics Procedures usually employed by a dentist for the treatment of non-vital teeth (i.e., root canals)	50%	50%
Prosthodontics Includes procedures for the construction of bridges, partials and complete dentures.	50%	50%
Orthodontics Treatment and procedures required for correction of malposed teeth. Eligible persons are covered only to age 19.	50%	50%

Benefit Maximums

The maximum dollar amount that this plan pays during each contract year, for each covered person is \$1,000. For orthodontic care, the plan pays a **lifetime** maximum of \$1,000 for each eligible person.



THOMAS C. PAYNE, MD

A positive leader for Michigan physicians

By David K. Fox

For a man who has endured three severe neurological diseases in his lifetime, Thomas Clarkston Payne, MD, has not had much trouble climbing the ladder of success in his chosen profession and within the Michigan State Medical Society.

Polio at eight, myasthenia gravis in young adulthood and Guillain Barre syndrome two years ago have not been able to slow him down. And that's good, because he is carrying some fairly heavy responsibilities these days.

In addition to the constant daily demands as the 127th president of the Michigan State Medical Society, Doctor Payne continues to serve as a Michigan delegate to the American Medical Association, as a member of the Michigan Doctors Political Action Committee

(MDPAC) board of directors, as secretary/treasurer of Michigan Physicians Mutual Liability Company, and as president of his 10-member radiology group in Lansing.

A positive mental attitude

Where does this 59-year-old man get his energy? He has a positive mental attitude that's more contagious than a flu bug in a nursery school. Maybe something rubbed off from four years of sitting in alphabetical order next to Norman Vincent Peale's daughter during undergraduate school at Ohio Wesleyan.

Whatever the source of his energy and joy of life, the physicians of Michigan are better off today because of him.

Doctor Payne, however, is not a native son. He's originally from the

Buckeye State, Ohio. Dayton, Ohio, specifically; home of Orville and Wilbur Wright. Orville was a friend of Doctor Payne's father, a practicing pediatrician who frequently was forced back to family practice to earn a living.

"Back in those days referring a child to a pediatrician meant the child was going to die," Doctor Payne said. Pediatricians, therefore, were not very popular as a specialty.

In fact, it was in childhood — when Doctor Payne was eight — that polio struck him and his five-year-old brother. Doctor Payne survived. His little brother did not.

During high school in Dayton, Doctor Payne had recovered sufficiently to play basketball, tennis and baseball. He also excelled at math, placing 10th in statewide competition at one point.

Because of his strong Methodist upbringing and his father's role model as a physician, Doctor Payne started at Ohio Wesleyan as a pre-med student in 1950. Two summer jobs were particularly memorable. One summer was spent putting two screws on an electric motor at the rate of five per minute and other was spent gauging the diameter of pistons at the rate of 7,000 per day.

"It was an enriching experience," Doctor Payne said. "It made me eager to get back to school."

In 1954, Doctor Payne and a half dozen of his classmates from Wesleyan moved on to the University of Cincinnati Medical School.

"I knew one thing before I went to medical school," Doctor Payne said, "and that was I sure didn't want to be a pediatrician."

He had planned to be an obstetrician/gynecologist, but the myasthenia gravis struck during his

internship at Cincinnati General Hospital in 1958-59. It was controlled with medication that he takes to this day, but he switched to what he thought would be a less grueling specialty, radiology, and started a residency program at Detroit Receiving Hospital and Wayne State University in 1959-62.

In 1962, he came to Lansing to join Carl West, MD, and Charles Long, MD, in a radiological practice. Whether or not radiology turned out to be a less grueling specialty depends on one's own interpretation of grueling. Doctor Payne spends long weekdays as a circuit rider to several community hospitals and many weekend hours at the group's office and on call.

Doctor Payne's "free time" hobbies include cheering for the Michigan State University Spartans, boating on Gun Lake and medical society business.

Hooked on politics

After driving by the MSMS Headquarters building in East Lansing on his way to work for many years — and wondering what it was that people did in the building — Doctor Payne became involved in politics with state government. Ingham County needed a physician to visit a local legislator and talk about the issues facing physicians.

It's not clear whether Doctor Payne was drafted or volunteered for the assignment, but he has been hooked on politics and the efforts of organized medicine ever since.

He joined the MDPAC board in the early 1970s and was chairman during its Tom-Tom-Tom heyday. (Tom Payne as chairman, along with Tom Berglund, MD, and Tom Stone, MD.) For most of the 1970s, Doctor Payne also served on the

MSMS Public Relations Committee and, in 1981, invented and hosted for 10 years a local medical television show called "House Calls." This media experience has served him well in subsequent and frequent interviews with local and statewide newspaper, television and radio reporters.

During his tenure as MSMS President, Doctor Payne plans to promote awareness about the issue of domestic violence. "We are just seeing the tip of the iceberg," Doctor Payne said. "We need to know more about the scope of the problem."

He said physicians must be made more aware of domestic violence, learn to recognize it and learn procedures and protocols for dealing with it. The AMA is developing this information and Doctor Payne plans to do what he can to be a conduit to get this information out to MSMS membership.

A look to the future

After his term as MSMS President, Doctor Payne is not so sure what is in store. Both he and his wife of 15 years, Cynthia, enjoy traveling. Cynthia is experimenting this month as a courier to Europe. Her only expenses for a trip to Italy will be in getting herself from Lansing to New York, where she will pick up a package and hand deliver it to her contact overseas.

"If that works out with Cynthia, maybe we'll become world traveling couriers," Doctor Payne said.

If they do so, the baggage he carries then will likely be a lot lighter than the load he is carrying now. ■

David Fox is chief of media relations for MSMS.

MSMS Reimbursement Roundup

By Joyce Nurenberg

MSMS REIMBURSEMENT OMBUDSMAN



Reimbursement Roundup addresses third party payor reimbursement issues affecting physician practices. Comments and problems brought to the attention of the Reimbursement Ombudsman are routinely shared with the Liaison Committee with Blue Cross and Blue Shield of Michigan and its Subcommittee on Medicare Carrier Problems.

Concurrent Care: It is payable

With the elimination of the modifier-75, which identified those services which required the care of more than one physician, several physicians have been concerned as

to how Medicare will now identify and pay these situations when they occur. Medicare can identify concurrent care situations by date of service, diagnosis and specialty information provided on the claim. Below is the section of the Medicare Carriers manual that explains the definition of concurrent care and the guidelines for approving services for payment. For BCBSM, the definition of concurrent care is consistent to that of Medicare, however, it is a race as to who gets their claim in first.

2020.F Concurrent Care.—Concurrent care exists where services more

extensive than consultative services are rendered by more than one physician rendering concurrent care during a period of time. The reasonable and necessary services of each physician rendering concurrent care could be covered where each is required to play an active role in the patient's treatment, for example, because of the existence of more than one medical condition requiring diverse specialized medical services.

In order to determine whether concurrent physicians' services are reasonable and necessary, the car-

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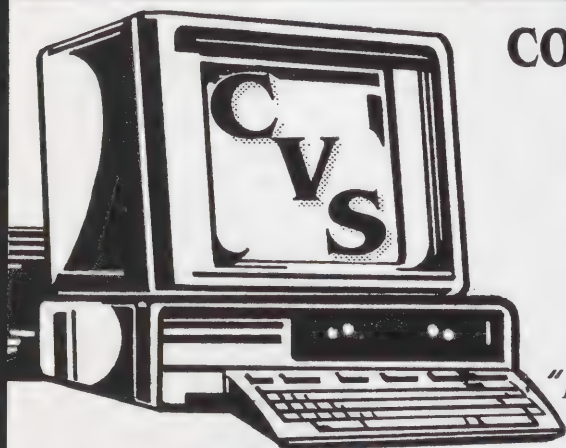
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rier must decide (1) whether the patient's condition warrants the services of more than one physician on an attending (rather than consultative) basis, and (2) whether the individual services provided by each physician are reasonable and necessary. In resolving the first question, the carrier should consider the specialties of the physicians as well as the patient's diagnosis, as concurrent is usually (although not always) initiated because of the existence of more than one medical condition requiring diverse specialized medical or surgical services. The specialties of the condition and the inherent reasonableness and necessity of the services, as determined by the carrier's medical staff in accordance with locality norms, must also be considered. For example, although cardiology is a subspecialty of internal medicine, the treatment of both

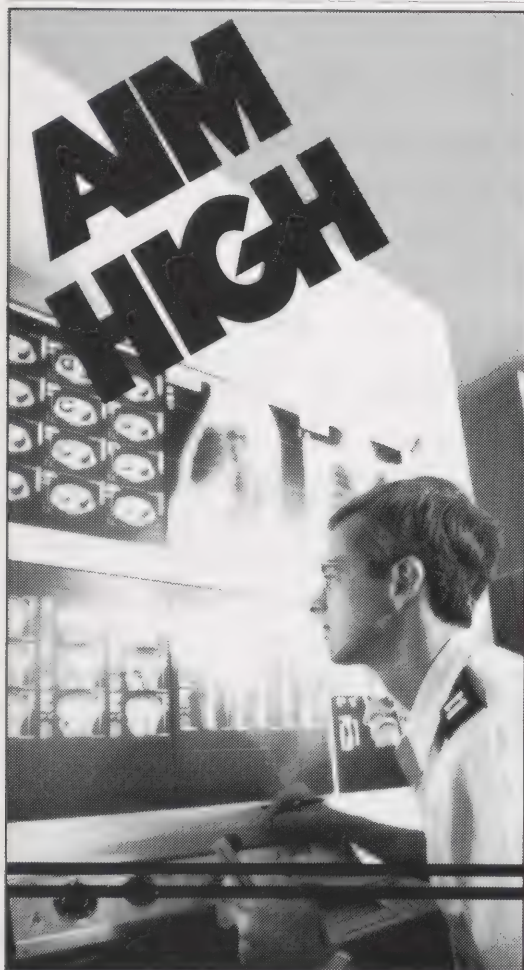
diabetes and of a serious heart condition might require the concurrent services of two physicians, each practicing in internal medicine but specializing in different subspecialties.

While it would not be highly unusual for concurrent care performed by physicians in different specialties (e.g., a surgeon and an internist) or by physicians in different subspecialties of the same specialty (e.g., an allergist and a cardiologist) to be found reasonable and necessary, the need for such care by physicians in the same specialty or subspecialty (e.g., two internists or two cardiologists) would occur infrequently since in most cases both physicians would possess the skills and knowledge necessary to treat the patient. However, circumstances could arise which would necessitate such care. For example, a

patient may require the services of two physicians in the same specialty or subspecialty when one physician has further limited his practice to some unusual aspect of that specialty e.g., tropical medicine. Similarly, concurrent services provided by a family physician and an internist or an ophthalmologist and another physician (including an optometrist) may or may not be found to be medically necessary, depending on the circumstances of the specific case. If it is determined that the services of one of the physicians are not warranted by the patient's condition, payment may be made only for the other physician's (or physicians') services.

Once it is determined that the patient requires the active services of more than one physician, the individual services must be examined

Continued on following page



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Continued from page 37

for medical necessity, just as where a single physician provides the care.

The carrier must also assure that the services of one physician do not duplicate those provided by another, e.g., where the family physician do visits during the post-operative period primarily as a courtesy to the patient.

Hospital admission services performed by two physicians for the same beneficiary on the same day could represent reasonable and necessary services, provided, as stated above, that the patient's condition necessitates treatment by both physicians. We would point out, however, that the level of difficulty of the service billed for may vary between the physicians, depending on the severity of the complaint each one is treating and his/

her prior contact with the patient. Foreexample, the admission services performed by a physician who has been treating a patient over a period of time for a chronic condition would not be as involved as the services performed by a physician who had no prior contact with the patient and who has been called in to diagnose and treat a major acute condition.


Carriers should, of course, have sufficient means for identifying concurrent care situations. A correct coverage determination can be made on a concurrent care case only where the claim is sufficiently documented for the carrier to determine the role each physician played in the patient's care (i.e., the condition or conditions for which the physician treated the patient). If in any case the role of each physician involved is not clear, the carrier should request

clarification.

When the situation is clearly identified on the claim, Medicare has the ability to process and pay each physician from an original claim.

How to bill BCBSM for concurrent care

BCBSM has a different process for approving concurrent care services. They will pay the first claim received and reject all subsequent claims. The provider who received the rejection must then submit a Michigan Health Benefits Claim Review Form and include supportive documentation that there was a *separately identifiable medical condition* requiring his/her specialty. The claim will then receive manual review. ■


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Board of Medicine Actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Licensing and Regulation.

Name: Syed Arif Ahmed, MD, 2360 Van Dyke, Marlette, MI 48453

Action, Date Taken: Reconsideration of Final Order Dated 5-17-90. Fine reduced to \$50,000.00

Name: Donald A. Caraccio, MD, 15518 Susan, Southgate, MI 49195

Action, Date Taken: Educational Limited License Granted upon acceptance into Board-approved program. Probation - 2 years to run concurrent with license limitation.

Name: Robert R. DeSio, MD, 01773 Leonard, NW, Grand Rapids, MI 49504

Action, Date Taken: Educational Limited License & Limited Controlled Substance, License Granted Probation - 3 years, April 16, 1992

Reason: Substance Abuse

Name: Peter Drenchko, Jr., MD, 10 Susan Drive, Indiana, PA 15701

Action, Date Taken: Relicensure Granted with Limitation Probation -2 years, April 16, 1992

Reason: Substance Abuse

Name: Richard F. Kuhn, MD, 1700 Junction Avenue, Detroit, MI 49208

Action, Date Taken: Suspended - minimum of 90 days. Fined \$10,000.00. 40 hours Continuing Education.

Reason: Negligence and Incompetence.

Name: Lawrence S. Lackey, MD, 310 Visger Road, River Rouge, MI 48218

Action, Date Taken: License Suspended - minimum of 30 days. Probation - 2 years. Fined - \$5,000.00

Reason: Unprofessional Conduct. Negligence.

Name: Roger A. Mattson, MD, 1015 Medical Arts Building, Duluth, MN 55802

Action, Date Taken: Summary Suspension, February 28, 1992

Reason: Drug Related Negligence - Incompetence

Name: Pedro Ojeda, MD, 405 W. Greenlawn, Suite 330, Lansing, MI 48910

Action, Date Taken: License Surrendered, January 15, 1992

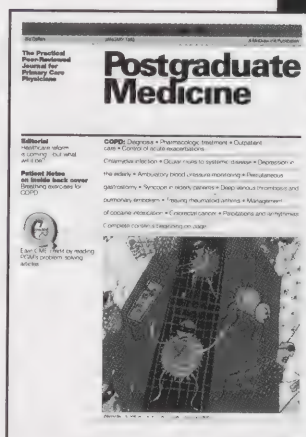
Reason: Negligence & Incompetency

Name: Stanley J. Woolams, MD, 3443 Daleview, Ann Arbor, MI 48105

Action, Date Taken: License Revoked, Fine \$3,000.00, April 16, 1992

Reason: Unprofessional Conduct

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Understanding the Mysterious Present

By Gerald A. Faverman, PhD, and David L. Kimball

Following are excerpts of an article which appeared in the March 13, 1992, issue of Michigan Commentary, a publication of Public Sector Consultants, Inc., Lansing.

After more than 200 years as a beacon of hope and optimism for the world, America now hunkers down, anticipating the future with foreboding. Not even military victory in Iraq and the abrupt collapse of Soviet communism have been able to dissipate a national fretfulness over the viability of our economy, social institutions, and system of government. Our pessimism extends beyond our own prospect: We fear that our children face an ever more menacing and unpromising future.

Our disquietude in the face of a world suddenly so unstable, unpredictable, and uncertain is understandable. We have seen ourselves as a society whose manifest destiny would dominate the world by moral example and spur its progress toward justice and democracy. The culmination of this ambition, attained in the American Century - a century dominated by American power, influence, and staggering wealth - brought us a success quite rare in the recorded history of empires and nation-states.

Peril comes at the acme of success

The "iron rule" in the rise and fall of societies is that their time of greatest peril comes at the acme of their success, because it is then that their willingness to struggle and sacrifice ebbs. Former governor George Romney recently observed, "No great nation has ever achieved plenty, comfort, and leisure and remained great." Americans' assumption that it should get easier as our power and influence grew ignored the historical evidence that, in fact, this attitude is the harbinger of inevitable decline.

The current political debate, both nationally and in Michigan, ignores - in its eagerness to avoid blame - the salient reality that the revolutionary changes we are living through affect every individual in every political subdivision of this globe. We live in a smaller world than ever before, and no group can

"We live in a world smaller than ever before, and no group can be insulated from the activities of another...we have entered a new age whose boundaries and definitions are yet unknown and whose consequences are impossible to predict."

be insulated from the activities of another. Moreover, our difficulty is more than the lingering grip of a recession that saps our souls as well as our prosperity. It is that we have entered a new age whose boundaries and definitions are yet unknown and whose consequences are impossible to predict. Such epochal transitions can be better understood by those looking back at them than by those living through them. As Soren Kierkegaard so aptly observed: "Life must be lived forward, but it can only be understood backwards."

In the great tapestry of western civilization we have had four cultural episodes: the transition from hunter-gatherers to agriculturists, the classical age's establishment of philosophical and intellectual inquiry, the middle ages' creation of an empire of faith, and - since the fifteenth century - the European deployment of science and technology to shape the world in its own image. This last chapter, which lasted for 600 years, is now coming to an end. The next chapter will encompass a world civilization, not only that of the West.

We are beginning a period of change

We are beginning a period of change that will take generations to coalesce, but one fact is clear: The new age will be characterized by scarcity. Our new world will be driven by the pragmatic requirement to manage shortage rather than abundance. For half a millennium we have believed ourselves immune from running out of resources. Eighteenth-century

British economist Thomas Malthus postulated that populations increase faster than their means of subsistence and that famine and war result unless population growth is curtailed by moral restraint or natural disaster. Most westerners have lived with the confident assumption that agricultural abundance had proved Malthus wrong, but now faced with explosive population growth, a shortage of water and arable land, and a decaying ecosystem, we fear that the Malthusian imperative could come true. In the generations ahead, the search for sustenance certainly will shape a new age.

Similarly, we have believed recently that Karl Marx's theory of class warfare leading to the revolution of the proletariat - a philosophy we erroneously called communism - was irrelevant to our culture and our future. The United States, however, now finds itself living on the cusp of massive social change in which the influence and size of the middle class declines as its members are redistributed between the rich and the poor at the extremes. Marx's vision of class warfare may be an unwelcome factor in the politics of the future whose manifestations we just are beginning to see at home as well as abroad.

Politics of polarity are becoming common

Distrust of government is not peculiar to Michigan; we are seeing the profound alienation of the political middle in industrialized nations worldwide. While we are not apt to see a return in the short run to *lex taliones* - "the law of the claw," the politics of polarity are becoming increasingly common. There seems to be political advantage in pitting one person against another, and all those who are different have reason to fear. In the end, the politics of polarity will continue until it ceases to be advantageous for its practitioners. Those who play to the prejudice and fear of the people currently have the floor. It is thus no surprise that Messrs. Buchanan and Duke, among others, find advantage in fishing in troubled waters.

Democratic institutions are at their greatest risk

In the time ahead democratic institutions are at their greatest risk, and it is not inevitable that they will flourish or even survive. Democratic institutions typically have flourished in times of abundance and have been besieged in times of scarcity. In the face of increasing civil disorder worldwide, we need to be alert to the danger of Bonapartism. In volatile political climates, the military may be seen as a more effective source of social order than the fragmented aspirants for power and nationhood. America needs to be concerned that current friends and former enemies will face a challenge from their generals at our risk and peril.

In the new age, economic realities, technology, communications, and competitiveness will encourage the evolution of new political structures, be they called confederacies, unions, common markets, or empires; it is clear that a European community and a North American community are in formation. A Pacific and a South American community, among others, likely, will come.

Meanwhile, this global economic and political restructuring is forcing painful change in the way we manufacture, market, and distribute goods. Prosperity is at risk in every state and nation; industries can no longer be insulated by geography, regulation, taxation, tariffs, availability of capital, monopoly markets, and labor costs. The shift in automotive manufacturing from Michigan to other states and countries is the most obvious manifestation of this phenomenon.

No single one of these social, philosophical shifts is culturally catastrophic, but each is part of the cumulative pressure changing our society. The outcomes will not be apparent next week; they will emerge over the next several centuries.

What can America do to survive, prosper?

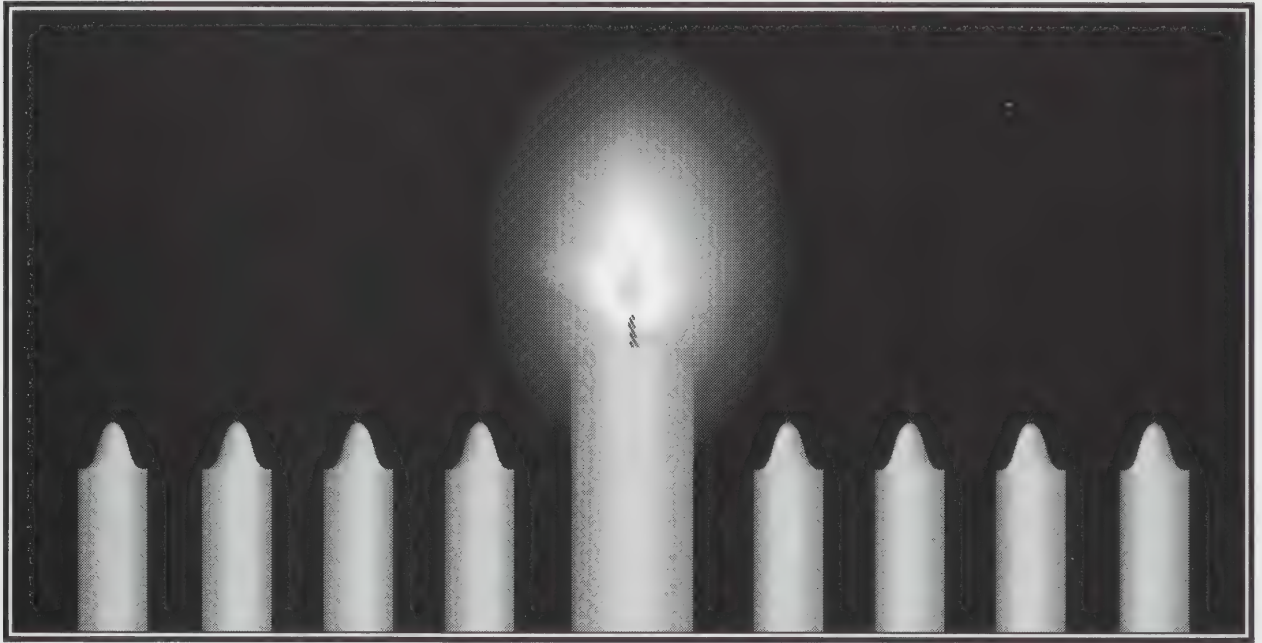
We can start by facing the reality that we will not be destroyed by struggle and sacrifice. We count among our assets a land of unparalleled resources, inhabited by a population of immense talent and intellectual energy. We need not be disheartened by the job ahead.

America knows in its heart what's broken. We have borrowed and spent too much and have encouraged speculators and thieves in a decade of decadence. Our schools don't work, and our factories are outdated. We are becoming unwitting prisoners of our reduced national aspirations; we have lost faith in each other. As individuals and as a nation, we need to pay off our creditors, increase our productivity, reinvest in our infrastructure development, accelerate the training of our people at all ages, and enhance our nation's intellectual and scientific knowledge.

Our elected leaders can help us get back on track by turning their backs on electioneering and short-term political advantage for the sake of essential structural change. And citizens must not expect simplistic solutions to complex national problems. It is time for America to face the agenda of the future. ■

Gerald Faverman is chairman of the board and David Kimball is senior consultant for public policy, Public Sector Consultants, Inc.

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PRACTICE MANAGEMENT

Should physicians lease or purchase new equipment?

By Tim Mitsch

The primary benefit of leasing for physicians is that it provides flexibility. It will eliminate the need for physicians to try and read the future. It will allow them to acquire state of the art equipment without being tied to it for longer than necessary.

The following article is part of an ongoing series of articles on practice management issues and trends. This article is provided compliments of Physician Service Group Inc., an MSMS subsidiary operation.

RBRVS, Safe Harbor Regulations, CLIA — the rules of healthcare continue to change while patients persist in demanding only the highest levels of care. These changes drastically affect how physicians manage their practices. Today, even decisions such as how to finance equipment must be considered carefully.

Ten years ago physicians would generally purchase new equipment as needed, use it for as long as possible and then discard or sell it at a fraction of its value. Today, the physician's use of this equipment is just as important. However, equipment that makes sense today may be made worthless by cuts in reimbursement or by obsolescence. Why pay the high price of ownership when it's the use of the equipment that provides value?

Leasing rather than purchasing new equipment can be a solution. An equipment lease is an agreement that allows use of a specific piece of equipment for a fixed period of time at a fixed monthly cost. The user will generally have the option to purchase the equipment at the end of the lease or to return it to the lessor.

The primary benefit of leasing for physicians is that it provides flexibility. It will eliminate the need for physicians to try and read the future. It will allow them to acquire state of the art equipment without being tied to it for longer than necessary. Leasing provides physicians with all the benefits of using new equipment and allows them to remain flexible in light of future change.

Evaluating a lease

Once you make the decision to lease your new office/medical equipment how do you compare one lease to another? How do you know you've gotten a

good deal? Here are several steps that you can follow to insure that you get the best lease possible.

1. Select Several Reputable Companies

When choosing your new equipment you probably evaluated several similar systems from different companies. Your decision was then based upon the suitability of the product to your individual needs, the service of the company and upon the competitiveness of the price.

Shopping for lease financing should be done exactly like your initial search for equipment. You should start by contacting several reputable leasing companies. You can find them by asking your colleagues, the local hospital administration, your equipment vendor or by calling your state medical association. You will want to select companies which are well established and have specific expertise in working with the healthcare industry. Nothing can lead to more difficulty than working with a company which is unfamiliar with medical equipment or with the running of a medical practice.

You should also limit your selection to those companies who lease only for their own account. Look for large, stable companies that use its own funds to create leases that will be held to maturity. Avoid smaller companies or lease brokers who may or may not be in business for the term of the lease or who may transfer your lease to another company. Because you may need to negotiate upgrades, buyouts or renewals etc., during the term of your lease, it will be extremely helpful to know that you will be dealing with the same people throughout.

2. Require Full Written Disclosure

When requesting offers from your selected companies stipulate that they should be in written proposal form. If a company will not present its offer in writing or if its offer can't stand up to your or your attorney's review, you simply eliminate them from your consideration.

A proper lease proposal should include a summary of all the major lease conditions like equipment description and cost, term, payment amount

Continued on page 45

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Continued from page 43

and timing, end of term options and advance payment or security deposit requirements.

By getting these proposals in writing you can eliminate the possibility of miscommunication or confusion about what the leasing company is offering. It will also help you to organize the comparison process.

3. Make an "Apples to Apples" Comparison

When comparing several lease quotes it will be tempting to simply pick the one with the lowest monthly payment. This can be a costly error. While the monthly payment amount is important, there are other factors that you should consider before making a final decision. Factors such as the number of advance payments, the timing of the payments, and the end of term options will have an effect on the total cost of the lease. To simplify the process, request that the leasing companies present their offers using the same set of variables. If one company offers something that you like, don't be afraid to ask that the other companies re-quote in a similar manner. They may be able to do it more competitively.

4. The Pitfalls of Leasing

Hopefully, by selecting reputable companies and by requesting similar proposals from each you can avoid the problems that sometimes occur in leasing. By far the most serious and costly pitfall concerns fraudulent or misrepresented claims. For example, generally the lessee will have an option to purchase the equipment at the end of the lease. This option can be stated in several ways (Fair Market Value, \$1.00 or 10 percent Cap) each of which will have an effect on the monthly payment. Less than honest leasing representatives have been known to present a lease that seems to have the best of both worlds - a low monthly payment and a \$1.00 purchase option when, in fact, the final lease contract will be written with the most costlier Fair Market Value Option.

This bait and switch tactic is easily avoided by requesting all lease documentation up front and by your taking the time to read the fine print. Make sure the final contracts are consistent with the original proposal. Here are some additional suggestions that will save you money when negotiating a lease:

1. Make sure that advance rentals are not considered as additional payments to the lease. They should be applied to the original term.

Forexample, some companies may incorrectly assert that a 60-month lease with a first and last rental requirement is actually a 62-month lease.

2. Check that all upfront costs are disclosed in writing and that they are fully refundable if the lease is not commenced for any reason. Do not let the leasing company keep this money if the lease falls through.
3. The lease contract should not allow for automatic renewals at term end. This type of renewal is generally done at an extremely high rate. If you wish to renew the lease, you should negotiate the details 90 to 120 days prior to the end of the term.
4. In addition to purchase and renewal options, your contract should allow you to return the equipment at the end of the lease. Returning unneeded or obsolete equipment is a primary advantage to leasing. You should also avoid contracts that call for automatic return of the equipment.
5. Make your final selection. Once you have completed the previous steps, making your final selection should be easy. Because you are working with only reputable companies and because you reviewed similar written quotes from each, it will be simple to pick the best deal. All should be competitive so your choice may fall to the one company that worked a little harder to meet your needs, responded a little quicker, or was honest and willing to answer your questions. No matter what your choice, you will know when you are getting a good deal. ■

Tim Mitsch is Midwest Medical Program Director for Bell-Atlantic TriCon, Oakbrook Terrace, Ill.

THINK **RECYCLED**

By John Eggert

Disgusted by the mountains of junk mail cluttering your office? You're not alone. In fact, what we all see as a nuisance is also a health hazard in the making. Robert Soderstrom, MD, chairperson of the MSMS Environmental Task Force explains:

"Paper is a major problem in the whole toxic stream, not only in terms of landfill, but also in terms of the production process. The pulping and processing of forests to make paper create industrial toxins, especially dioxin contamination. This is especially true near the Great Lakes where the fish are severely contaminated and animals which depend on these fish have changes which trace back to the same evidence of dioxin contamination ... Anything we can do to recycle paper we should do to avoid deforestation and pollution."

Grassroots solutions

This is no small matter. The health care industry is one of the heaviest consumers of paper in the US economy. Environmental concern in the health professions is slowly growing from the bottom up in a grassroots groundswell seeking environmentally sound medical practices. In most instances, greater environmental concern is a natural outgrowth of the introduction of recycling programs in medical offices and hospitals throughout the country. And, it seems that these institution-wide recycling programs usually begin with one individual who gets concerned enough to begin a recycling program where they work. A typical scenario comes from the Michigan State University's Kalamazoo Center for Medical Studies (KCMS) which first recycled high grade quality papers and now is transforming as many of their purchases as is feasible to products made from recycled materials. This all began because of one person, Wendy Rosewald, a physician's assistant at KCMS for the past year, who recounts their experience:

"I read 50 *Simple Things You Can Do To Save The*

Earth and, while I recycled at home, I saw so many doctors going through so much paper at work. I was pained by it and decided to put in a recycling program...First I set it up in the Family Medicine Department, did an in-service at a staff meeting and set up the basics of our recycling program. Mid-level managers and the CRO got wind of it and asked me to do the same throughout the agency. It's led to work on a much grander scale than I originally envisioned. My work time is allocated to it...In my view, it has to be a grassroots thing. There can't be a law in the legislature because people have to *want* to do it.

Setting up a recycling program

A recycling program has to be simple and convenient. We sort at the site directly into bins. We have a box marked for paper recycling (only high grade paper) and all other garbage goes into the trash can. Small boxes are emptied into larger boxes and housekeeping empties those into outdoor dumpsters which Michigan Disposal then takes to a recycling place...The recycling place we use sent a speaker to do a short in-service here on recycling."

Kevin Fickenscher, MD, president/CEO and assistant dean of Michigan State University's KCMS, gave unqualified support to Rosewald's initiative in instituting recycling programs at KCMS.

"It's important for those of us in health care to deal with the impact of the environment on people's health," Doctor Fickenscher said. "We now recycle throughout our entire organization. I'm amazed at the amount that's recycled and the amount of materials which are recyclable — it's very impressive. We're just in the process of beginning to look at buying recycled products. Recycling paper heightens consciousness and then you can move into buying recycled products."

Almost everyone in the medical world seems to regretfully note the proliferation of

disposable materials, especially since the advent of AIDS and greater concerns of infection. On the positive side, however, is the great ingenuity that recyclers on the grass roots level have found to combat this trend. For example,

“The medical profession’s awareness of ecological issues is atrocious. We’re in a horribly wasteful environment when you consider all the plastic things which get chucked and thrown.”

David Flager, MD, of Kalamazoo Neurology, an eight physician office which has a full recycling program says:

“The medical profession’s awareness of ecological issues is atrocious. We’re in a horribly wasteful environment when you consider all the plastic things which get chucked and thrown. We rinse out plastic things (with chlorox) which we literally use for five minutes. For nerve conduction studies we warm hands in a small plastic tray and used to throw them out. Now we have our lab send them to the school for the kids to use for crayons and such. We used to have paper gowns for our patients which they literally wore for 10 minutes in some cases. Now we have a woman in our office who wants to make some extra money launder our cloth examining gowns at night. People need to be more aware. You need someone in the office who says, ‘This is important!’. If I had my way, we’d have someone in charge of recycling in every hospital whose job it is to find creative ways to systematically analyze what could be used by whom and get it there.”

Closing the loop

“Closing the loop,” i.e., getting people to use the materials which are recycled, is an indispensable part of any recycling program which endeavors to impact our vast environ-

ment problems. Jim Voight, MS, Midwest Regional Director of Physicians for Social Responsibility, a Nobel Peace Prize-Winning organization which has recently broadened its focus on the threat of nuclear war to address the consequences of global environmental change, summarizes:

“You can get everybody to recycle paper and aluminum but unless you create a market for these materials you’re not completing the circle. Recycling is a beginning and it would be great if all doctors would show concern and recycle themselves. But if you don’t complete the loop by buying products made of recycled products you’re not having an effect.”

Is it worth the bother?

Please note the following statistics on environmental savings which would result if all of the 1988 admissions to Michigan hospitals (1,145,988) were charted in medical records made with recycled paperstock chart dividers (100 percent recycled fibers; 10 percent post-consumer waste):

- 27,268 trees would be saved;
- 6,579,608 kwh less energy would be used than in virgin paper production (Average US residential customers use approximately 8,100 kwh to heat and air condition their homes annually);
- 11,228,000 fewer gallons of water would be consumed in the manufacturing process
- 96,240 pound reduction in air pollution effluents would result
- 4,812 cubic yards less landfill would be produced

“It’s important for those of us in health care to deal with the impact of the environment on people’s health.”

Taxpayers savings can be somewhat approximated by finding out your local government’s allocation of taxes for landfill costs. At this time there is no way to even begin to measure the salubrious health benefits that

Continued on following page

YOCON[®]

YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

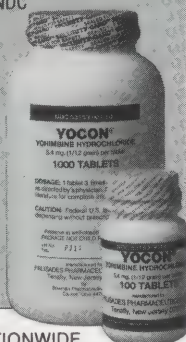
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Continued from page 47

even this small contribution to cleaning up the environment would create. Especially consider that these figures are based only on changing the chart dividers in hospital records to recycled paperstock and do not even begin to measure the much greater impact of the voluminous papers within these hospital records and the mountains of paper swimming in every medical setting across the country.

Some in the medical profession mistakenly believe that recycled paper products are scarce. Actually, in the last year or so recycled paperstocks of nearly every weight and variety have been made available to those of us in the printing industry with minimal or no upcharges. End-users in medical and other fields need to become aware of this availability.

As leaders in the printing industry, we're seeking allies to get the world to recycle and buy recycled. The paper-veracious medical industries *can* impact Great Lakes' purity, landfill problems, etc. Alfred Swanson, MD, member of the MSMS Environmental Task Force and founder of International Trees Corporation, speaks for all of us who are concerned about the direction our environment is going in:

"It's a universal problem. We have a decade to change this — a decade to clean up the soil, water and air. If we don't, it will be irreversible in terms of the ozone layer and the amount of carbon dioxide and other gases which are creating not only global warming but global pollution. The average physician considers himself too busy to get involved in community projects...But we have to be concerned about our community...One of the problems is that doctors don't relate environmental problems to health, but of course it is when it comes to pollution of our air and water...We're a wasteful society and to change it is extremely difficult...Each individual has responsibilities to be custodian of their part of the earth. It's like religion. If you're alive, you're responsible."

Physicians are invited to contact any one of the following organizations for more information on how to set up a recycling program and recycled products now routinely available to the medical industry, please contact:

**Grand Rapids
Filing Systems**
616-532-0700;

Randolph Medical
313-427-4810;

Practical Systems
517-393-1441;

**Michigan Department
of Natural Resources
Recycling Clearinghouse**
800-662-9278;

Van Loozen
313-953-5810; ■

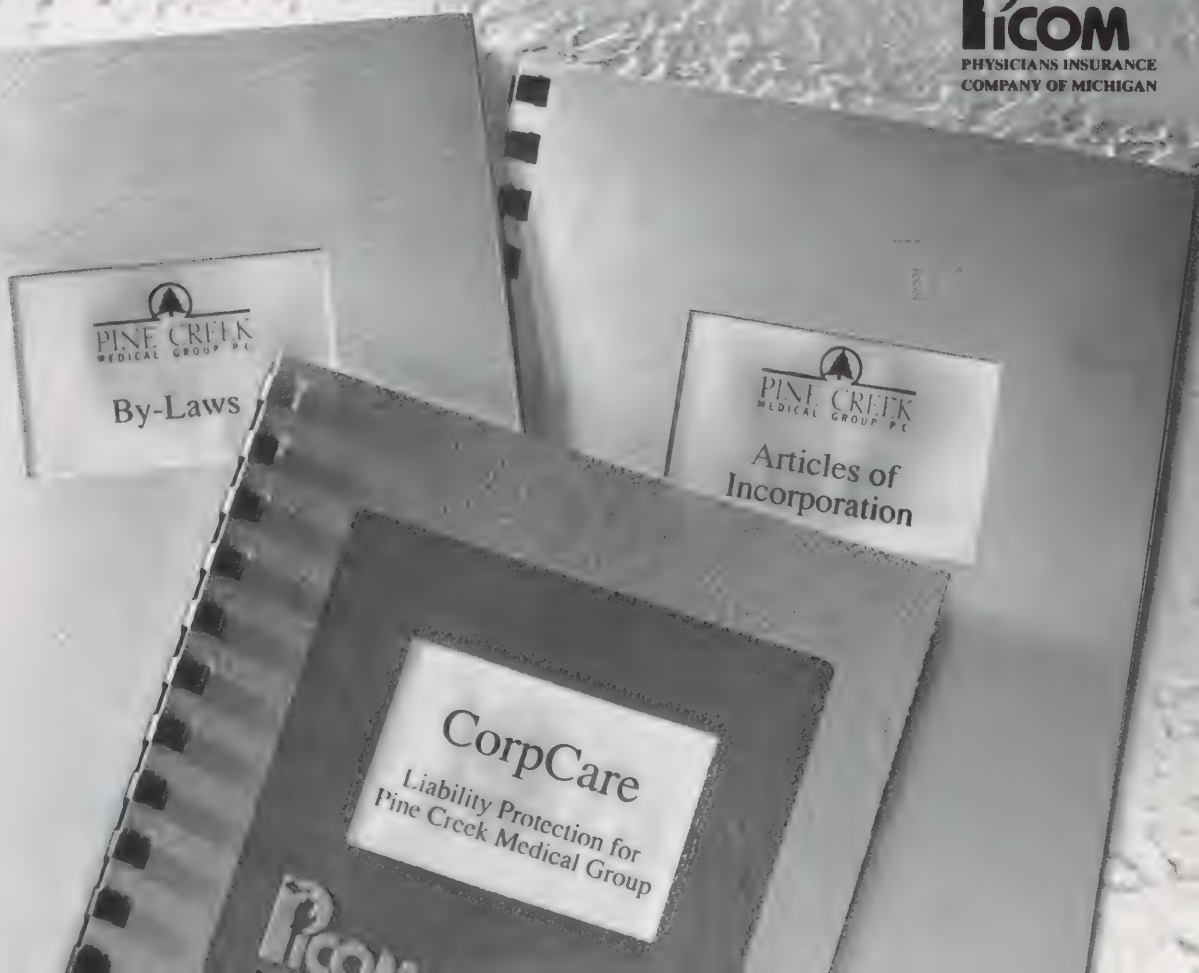
John Eggert is Business Development Manager for Avery Dennison Specialty Products, the largest manufacturer of medical chart dividers and other custom indexing products in the continental United States.

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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Marwan Abdul-Samad, MD 413 Mecasta Ave. Big Rapids 49307	PD	Donald C. Blake, MD 30045 Summit Dr., #105 Farmington Hills 48334	DR	David M. Dunn, MD G-2765 Flushing Rd., #216 Flint 48504	PM
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Anastasios Alexion, MD 5333 McAuley Dr., #4114 Ypsilanti 48197	N	Gary H. Bliss, MD 2702 Robinson Rd., SE Grand Rapids 49506	EM	Mary K. East, MD 2732 Danbury Lane Ann Arbor 48103	GS
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Henry B. Ancheta, MD 459 Quarter St., Box 738 Gladwin 48624	IM/GP	Gerard P. Brennan, MD 3535 Park St. Muskegon 49444	FP	Fawzi Fawaz, MD 401 E. Elm St. Carson City 48811	GS
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Jayson W. Barnett, MD Bixby Medical Center 818 Riverside Ave. Adrian 49221	AN	Alan D. Campbell, MD 4251 Cascade Rd. Grand Rapids 49506	IM/ON	Michael M. Gatt, MD 3651 Bacon Berkley 48072	NS
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Robert J. Beckes, MD 524 Ludington St., #105 Escanaba 49829	PS/GS	David W. Chamness, MD 926 S. Washington Ave. Holland 49423	PD	Silvia Gomez-Sloane, MD 2239 S. Linden Rd. Flint 48532	IM
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		Patricia A. Duley, MD 713 Stewart Gaylord 49735	IM	Annette I. Joe, MD 21002 Mack Ave. Grosse Pointe Woods 48236	DR

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Robert C. Ward, III, DO 1374 Linden Drive St. Joseph 49085	N
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MEETINGS

MSMS Meetings

June

MSMS/MPMLC Risk Management/Closed Claim Review Sessions. A series of early morning sessions featuring Radiology and Emergency Medicine case studies will be held throughout Michigan in June. For further information contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

4,11,24,29, MSMS/MPMLC Risk Management/Professional Liability of Diagnosis, June 4, Port Huron Hospital, Port Huron, MI; June 11, WMU Regional Center, Grand Rapids, MI.; June 24, Brookshire Inn, Williamston, MI June 29, Mrquette Holiday Inn, Marquette, MI. Contact: Julie Smith, Chief, MSMS Risk Management, (517) 337-1351.

9,10 & 11, MSMS Practice Management Seminar, "Coding Institute," Ritz Carlton, Dearborn, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

25-27, MSMS/AMA Young Physicians Series, Sheraton Inn, Ann Arbor, MI. "Joining A Partnership or Group Practice," June 25th, "Starting Your Practice," June 26th & 27th. Contact: MSMS Office of Physician Education, (517) 336-5784.

July

16-19, MSMS Board of Directors Meeting, Grand Traverse Resort, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

22,29, MSMS Practice Management Seminar, "How to Comply with MIOSHA Regulations," July 22, Novi Hilton, Novi, MI; July 29, Grand Traverse Resort, Traverse City, MI.

August

18, MSMS Practice Management Seminar, "How to Comply with MIOSHA Regulations," Marquette Holiday Inn, Marquette, MI.


18,19,20 & 21, MSMS Practice Management Seminar, "Medical Office Management Institute," by Conomikes Associates, Inc., Grand Traverse Resort, Traverse City, MI. Contact: Office of Physician Education, (517) 336-5784.

20-23, MSMS Practice Management Seminar, "How to Comply with MIOSHA Regulations," Marquette Holiday Inn, Marquette, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.


September

8,10,14, MSMS Practice Management Seminar, "How to Comply with MIOSHA Regulations," September 8, Wayne County Medical Society, Detroit, MI; September 10, Grand Rapids Regional Center, Grand Rapids, MI; September 14, Treasure Island, Saginaw, MI. Contact: MSMS Office of Physician Education, (517) 336-5784.

16, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS



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MEETINGS

Executive Director, (517) 337-1351.

15,16 & 17, MSMS Practice Management Seminar, "Better Collections, Billing and Insurance Methods" and "Reception and Patient Flow Techniques," September 15, Flint Holiday Inn, Flint, MI; September 16, Brookshire Inn, Williamston, MI; September 17, Fetzer Center, Kalamazoo, MI. Contact: Office of Physician Education, (517) 336-5784.

18,19, & 20, MSMS Practice Management Seminar, "Management & Marketing for the Medical Practice, Grand Hotel, Mackinac Island. Contact: Office of Physician Education, (517) 336-5784.

22,23 & 24, MSMS Practice Management Seminar, "Coding Institute," by Conomikes Associates, Inc., Bay Valley Resort, Bay City, MI. Contact: Office of Physician Education, (517) 336-5784.

30, MSMS Practice Management Seminar, "Health Law Update," by Kerr, Russell & Weber, Brookshire Inn, Williamston, MI. Contact: Office of Physician Education, (517) 336-5784.

AMA Meetings

June

18-26, MSMS/AMA Annual Meeting, Chicago, IL. Contact: Judy Marr, Manager, MSMS Department of Communications and Professional Relations, (517) 337-1351.

Michigan Specialty Society Meetings

June

11, HIV Prevention and Adolescents, Wayne State University, Detroit, MI. Contact: AIDS Research and Education Program, (313) 577-7888.

National Specialty Society Meetings

June

7-12, American Society of Colon and Rectal Surgeons, San Francisco, CA. Contact: (312) 359-9184.

20-23, American Diabetes Association, San Antonio, TX. Contact: (703) 549-1500.

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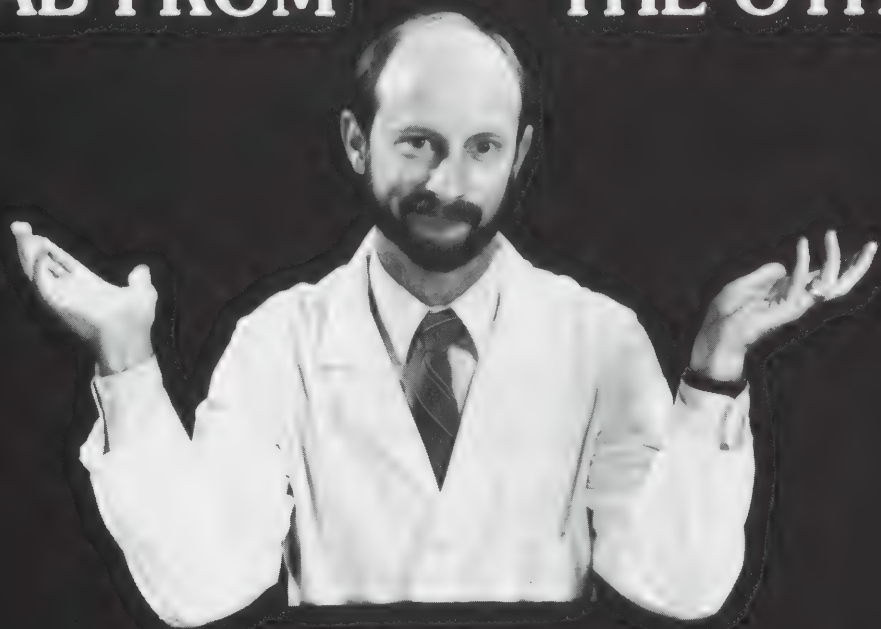
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Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

June

11-12, Neurotrauma: Concepts, Current Management and Emerging Therapies. Location: The Dearborn Inn, Dearborn, Michigan. **Sponsors:** Wayne State University School of Medicine, Department of Emergency Medicine and Departments of Neurosurgery, Neurology, and Radiology. **Contact:** Division of Continuing Medical Education, Wayne State University School of

Medicine, 4201 St. Antoine 4-H, Detroit, MI 48201, (313) 577-1180. **Approved for:** 13.5 hours Category I Credit.

22-26, Northern Michigan Summer Conference: An Update on Common Clinical Concerns. Location: Shanty Creek-Schuss Mountain, Bellaire, Michigan. **Sponsors:** University of Michigan Medical School, Department of Family Practice. **Contact:** Edwina Borde, Registrar, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-9869, (313) 936-9800. **Approved for:** 21 hours Category I Credit.

23, 30, The Withdrawn Patient: A Fresh Look at the Dynamics. Location: Bar-Levav Educational Association, Southfield, Michigan. **Sponsor:** Bar-Levav Educational Association. **Contact:** David Fogel, MD, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-5333. **Approved for:** 4 hours Category I Credit.

July

7, 14, The Patient Who Has Given Up: Psychotherapeutic Implications. Location: Bar-Levav Educational Association, Southfield, Michigan. **Sponsors:** Bar-Levav Educational Association. **Contact:** David Fogel, MD 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-5333. **Approved for:** 4 hours Category I Credit.

9-12, Advances in Office Psychiatry: Mood and Anxiety Disorders. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 764-1422. **Approved for:** 12 hours Category I Credit.

12-15, 6th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management. Location:

Continued on following page

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CATEGORY I COURSES

Continued from page 57

Grand Traverse Resort Village, Grand Traverse Resort, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, (313) 763-1400. **Approved for:** 15 hours Category I Credit.

21, 28, Religion and Psychotherapy.

Location: Bar-Levav Educational Association, Southfield, Michigan. **Sponsor:** Bar-Levav Educational Association. **Contact:** David Fogel, MD, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-5333. **Approved for:** 4 hours Category I Credit.

23-26, Eighteenth Annual Mackinac Island Course: Advances in the Management of Infectious Diseases.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medi-

cal School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 764-1422. **Approved for:** 13 hours Category I Credit.

30-31, 72nd Annual Collier Penberthy Thirlby Medical Conference.

Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Elaine Gaines, Medical Education Secretary, Munson Medical Center, 1105f Sixth Street, Traverse City, MI 49684, (616) 935-6546. **Approved for:** 9-13 hours Category I Credit.

August

3-6, Mackinac Island Imaging Conference.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** William Beaumont Hospital-Diagnostic Radiology. **Contact:** Mary Anne Smith, Diagnostic Radiology, William Beaumont Hospital, 3601 W. 13 Mile Rd., Royal Oak, MI 48073, (313) 551-6199. **Approved for:** 21 hours Category I Credit.

4, 11, 18, Focusing on Method: How to Repair the Boundaries of the Self.

Location: Bar-Levav Educational As-

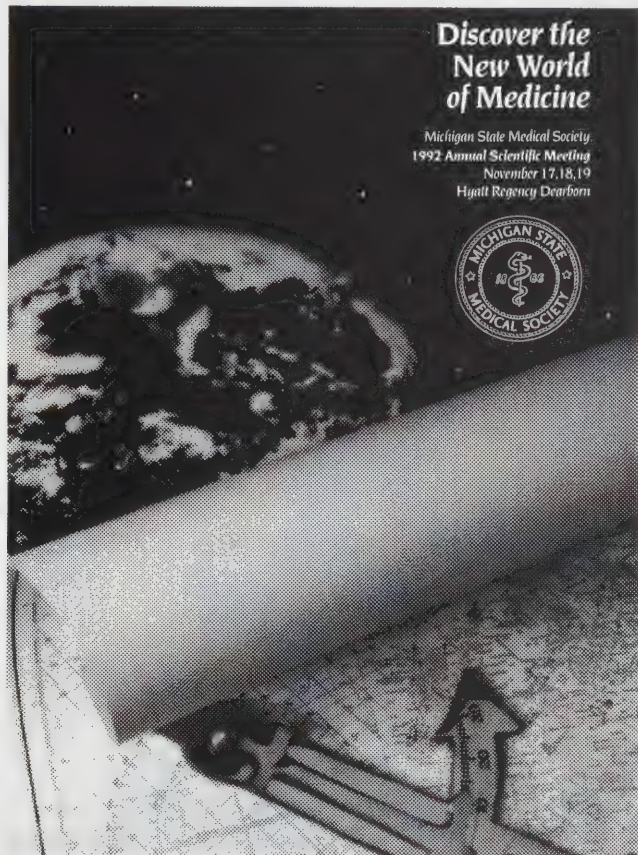
sociation, Southfield, Michigan. **Sponsor:** Bar-Levav Association. **Contact:** David Fogel, MD, 3000 Town Center, Suite 1275, Southfield, MI 48075, (313) 353-5333. **Approved for:** 6 hours Category I Credit.

10-12, Internal Medicine Update.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-1678. **Approved for:** 12 hours Category I Credit.

20-23, Cardiology Update.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Edwina Borde, Towsley Center for Continuing Medical Education, Department of Post Graduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106, (313) 936-1678. **Approved for:** 12 hours Category I Credit.



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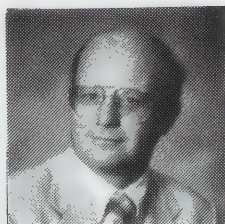
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Committee. A special Subcommittee on Death and Dying headed by Representative Lynn Jondahl is studying the issue.

The likelihood of an assisted suicide bill passing the House of Representatives in the near future is uncertain. Questions continue.

Is the legislature considering the correct legislation? Is it too sweeping? Is it specific enough?

Will legislation criminalizing assisted suicide chill a physician's ability, desire or responsibility to administer adequate pain control to a dying patient, when he or she knows that doing so may hasten the patient's death?

Will such legislation really stop a Kevorkian? What about verbal or written instructions on how to commit suicide? May a Kevorkian still do that under his First Amendment rights?

What about pending legislation that would allow physician assisted suicide? Would it begin the slippery slope?

There remain many questions in the minds of physicians concerning this assisted suicide legislation. MSMS is working hard to find some answers.

The first thing they teach us in medical school is "Do no harm." That seems to be what the MSMS House of Delegates is trying to tell the Michigan legislature. ■

Doctor Payne is MSMS president.

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Physician-Assisted Suicide Let's take our time to study all its implications

By Thomas C. Payne, MD

'Can't the medical society do something about this?"

That's one of the questions we heard after Jack Kevorkian, MD was present at another suicide in mid-May.

The question implies that the Michigan State Medical Society has some special authority over Kevorkian when, in fact, he is neither a medical society member, nor even a licensed physician. We have no more power over him than we do over the people who drop bricks off freeway overpasses.

If that's the case, the argument might go: Shouldn't the Michigan legislature pass a law making assisted suicide a felony in Michigan and put Kevorkian and his ilk in prison for four years?

After Kevorkian's latest "counseling" session, *The Detroit News* said in an editorial that MSMS has "muddled the waters" by withdrawing its support for Senator Fred Dillingham's bill to make assisted suicide a felony during our House of Delegates meeting in early May.

On the other hand, a columnist for *The Detroit Free Press* said that Michigan physicians "belatedly came to their senses last weekend and decided to oppose rush-to-judgment legislation that would make a felony of assisted suicide."

These two points of view typify the quandary we are in. The feelings within the physician community are fairly equally split along the same lines, yet an overwhelming majority of the delegates at our annual meeting said "Go slow."

Specifically, the delegates reversed the January 15 action of the MSMS Board of Directors to

support the assisted suicide legislation, stating that more time is needed for the MSMS Bioethics Committee to conclude its forums on the issue. These forums — four have been held since December — include representatives of Right to Life of Michigan, the Hemlock Society, legislators, religious leaders, ethicists and others. The work of that committee, headed by Howard Brody, MD, will require many more months of study and discourse. It represents the reasoned, deliberate, go slow attitude that the MSMS House sought.

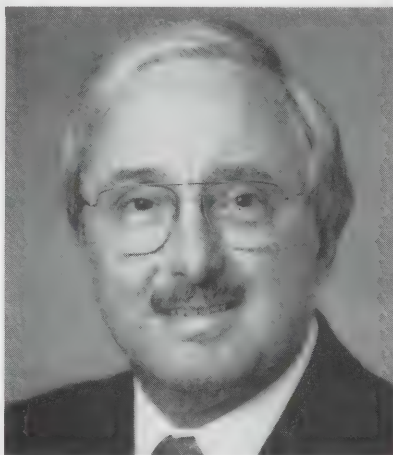
The House of Delegates also said no legislation in either direction on this issue, making it legal or illegal, should be sought at this time.

And finally, the House sent an action report from the MSMS Board of Directors —

reiterating the AMA policy that physicians must not become involved in euthanasia or physician assisted suicide — back to the Board for further study. The Board had adopted this policy last fall as an interim policy until the House met in May. Certainly, the conclusions of the Bioethics Committee's forums will have a bearing on the final form of this policy.

In the meantime, however, Kevorkian's most recent actions have stirred up the legislative hornet's nest again. Both Senator Dillingham and Governor John Engler have been quoted in the newspapers as saying they will push hard for the immediate passage of assisted suicide legislation, fearing that Michigan will become a suicide mecca. The legislation already has passed the Senate and resides in the House Judiciary

Continued on page 63



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